

THE ALKALOIDAL CLINIC

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SUBSTITUTION.

A physician wrote to me the other day, asking a formula for Glyco-Thymoline, in order that he might make it up for himself more cheaply than he could buy it. Another wrote asking a formula for a compound whose ingredients, but not the quantities, had been given in one of our publications. As to the latter, the physician has declined to give the formula, claiming that he has amply fulfilled the laws of medical ethics by giving the ingredients; that these he varies with the case, and that this variation the physician ought to be able to make for himself, if he studies the action of each ingredient, and fits the composition to the case. This, he claims, is every physician's duty; and he himself is not bound to give such details to every doctor who is too ignorant or too lazy to do such work for himself.

In France all proprietary remedies are by law required to have their constituents plainly declared on the label; and an excellent neuralgic pill we used to get from that country was thus stated to contain aconitine and quinine; but the quantity of each, and the mode of manufacture were not stated. The manufac-

turers of many remedies in common use give the ingredients, but not the dosage of each, or the mode of combination. An instance is Spencer's Chloramine Pastilles, made by John Wyeth & Bro.; a very useful cough remedy.

There are two objections to making public such information: The physician who devises the happy combination loses all chance of pecuniary recompense for his pains. There are firms that make a practice of putting on the market every such remedy that has won any popularity. If the formula cannot be secured by application, pressure is brought from some society to compel the doctor to surrender, or the awful threat of professional ostracism is held over his head. If the formula is still withheld, it is imitated as closely as possible.

The second objection is, that the remedy once made known receives much less attention than when kept secret; and when once made public, if successful the formula is put up by all sorts and conditions of pharmacists, with all sorts and conditions of ingredients, principally the sort that is not otherwise salable. The consequent deterioration of

In Sthenic Erysipelas give a granule of pilocarpine every five minutes until slight sweating occurs; then less frequently, and note results.

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the remedy and of the doctor's reputation need not be dilated upon.

I have tried myself to make up favorite formulas from the best ingredients to be obtained in the pharmacies, and whether from want of skill or poor quality of materials, I have as a rule found it saved time, money and trouble, to buy the real article made by the inventor or his agents. I know he spent time, money and thought in getting up his remedy; the manufacturers spent money in putting it before the profession; and if this had not been done I would never have learned of its value. If they make a little when I buy of them, I really do not see where I am justified in kicking.

But suppose the rival house advertises "just the same thing," at half cost. Shall I buy of them? I'll own up; I've done so. But somehow I never yet succeeded in getting exactly the same thing. I won't spoil this by naming names, but the genuine article always gives the best results, be it a syrup of hypophosphites, a coal-tar antipyretic, a chlorodyne, or a digestive compound. People who substitute their own make and sell cheap will recoup themselves by also substituting in the materials; and tonka bean is not vanilla however closely the former resembles the latter; cinchonidine is not quinine; commercial salicylic acid will not answer for the chemically pure article; bismuth imperfectly freed from arsenic is not as desirable as the purified product; calcium sulphide must have something beside a bad smell to be efficacious; petrolatum containing caustic potash or sulphuric acid will irritate the urethra in spite of the europhen added; one brand of fluid extract or one make of aconitine will not do as well as another.

No, my good friend, if you want to make up these things for yourself, it is

For Fidgets, and Nervousness verging on Insanity, give a granule of cicutine hydrobromate every hour or two until relief. Credit this to Shaller.

not enough to sit down and howl quack at the man who doesn't present you his purse. The way is open for you as for him. You have a full right to study the action of drugs, and to experiment in combining them; you have the right to work as he did, and to better him if you can.

The man who uses a cheap imitation of a good thing gets the worth of his money—if he has good luck. Up to date of present writing I haven't heard of any case in which he got more.

The matter of substitution by the druggist in filling prescriptions interests us less personally, because we believe the true and only remedy lies in the physician dispensing his own drugs. But to many physicians it is a matter more vital than they may imagine. The *Medical Record* announces a death in New York City caused by such substitution. Many a time the doctor has been disappointed and lost his patient by death or by dissatisfaction, because the druggist has not strictly followed the directions given on the prescription. Possibly he may have used even a better article, or a more costly, substituting P. D. & Co.'s normal liquid or Squibb's extract for that specified; but the doctor has been giving the latter, has learned just how much to give, and just how to mix it with the other ingredients, and the new one breaks up the combination, destroys its balance and throws him out in his calculations.

On the other hand, if the substituted drug is weaker the grasp on the system is weakened, disease is released from restraint and precious time lost, if nothing worse. One of the most regrettable things about this business is that it adds to the general uncertainty as to the action of medicines, and favors the tend-

ency to therapeutic nihilism, already far too prevalent.

What is the remedy?

Send your patients to reliable druggists, who will fill prescriptions exactly as written.

Order the valuable proprietaries in original packages and dispense them yourselves.

Always examine the medicine, if possible, before the patient begins to take it, and see for yourself if it is all right.

Use your influence to have laws passed in all the states, similar to that just passed by the Tennessee Legislature, forbidding substitution under a penalty heavy enough to wilt the sort of druggist who does such things.

The point that strikes us most forcibly in this matter is the amazing impudence of it all. That we, who as physicians, with the highest standard of ethics of any guild of men, hold our heads so high, should submit to having our prescriptions censored by a set of worthy tradesmen, some of whom claim and the majority repudiate, a place among the learned professions! Suppose Apothecary Green really believes Jones' Elixir identical with Brown's—is he therefore to take the liberty of altering the doctor's orders without first securing permission? The meekness of the profession under such presumption is inexplicable. Bearing in mind the heavy responsibility on the doctor's head, how can he for a moment permit the slightest variation from his orders? Never mind if the drug is "just as good." The precedent once made will be quickly followed; and sooner or later disaster must follow. If the druggist knows best, what need of the doctors at all?

We take our stand on the simple principle, that it is the doctor's right to

order just what he considers suitable for his patient, and the druggist has the plain duty of filling the prescription exactly as directed or refusing to fill it at all. Nothing can be plainer. No other ground can be occupied by the two.



EDUCATIVE INFLUENCE AT HOME.

The highest praise which the ancient Romans could express of a noble matron was that she sat at home and span.— "*Domum mansit, lanam fecit.*" In our own time it has been said that chemistry enough to make good bread and keep the pot boiling, and geography enough to know the different rooms in her house, was science enough for any woman. But this view of woman's character and culture is as absurdly narrow and unintelligent as the opposite view, now so much in vogue, is extravagant and unnatural—that woman ought to be educated so as to be as much as possible the equal of man; undistinguishable from him except in sex; equal to him in rights and votes; and his competitor in all that makes life a fierce and selfish struggle for place and power and money.

Speaking generally the training and discipline that are most suitable for the one sex in early life are also the most suitable for the other; and the education and culture that fill the mind of the man will prove equally wholesome for the woman. Indeed, all the arguments which have yet been advanced in favor of the higher education of men plead just as strongly in favor of the higher education of women. In all the departments of the home, intelligence will add to woman's usefulness and efficiency. It will give her thought and forethought,

In Paralysis Agitans nothing as yet has proved as useful a palliative as hyoscine hydrobromate, dose, grain 1-100 twice a day.

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enable her to anticipate and provide for the contingencies of life, suggest improved methods of management, and give her strength in every way. In disciplined mental power she will find a stronger and safer protection against deception and imposture than in mere innocent and unsuspecting ignorance; in moral and religious culture she will secure sources of influences more powerful and enduring than in physical attractions, and in due self-reliance and self-dependence she will discover the truest sources of domestic comfort and happiness. It is because the woman far more than the father, influences the action and conduct of the child, that her good example is of so much greater importance in the home. It is easier to understand how this should be so. The home is the mother's domain —her kingdom where she exercises entire control. Her power over the little subjects she rules there is absolute. They look up to her for everything. She is the example and model constantly before their eyes, whom they unconsciously observe and imitate. Her habits become theirs; and her character is visibly repeated in them. Thus the mother lives again in her children. When launched into the world, each to take part in its labors, anxieties, and trials, they still turn to their mother for consolation, and counsel in their time of trouble and difficulty. The pure and good thoughts she has implanted in their minds when children continue to grow up into good acts long after she is dead; and when there is nothing but a memory left her children rise up and call her "blessed." The child's character is the nucleus of the man's. The training of any man even the wisest, cannot fail to be powerfully influenced by the moral surroundings of his early years.

Thus homes which are the nurseries of children who grow up into men and women, will be good or bad according to the power which governs them. Where the spirit of love and duty pervades the home —where head and heart bear rule wisely there—where the daily life is honest and virtuous—where the government is sensible, kind and loving, then may we expect from such a home an issue of healthy, useful, and happy beings, capable, as they gain the requisite strength of walking uprightly, governing themselves wisely, and contributing to the welfare of those about them. On the other hand, if surrounded by ignorance, coarseness, and selfishness, they will unconsciously assume the same character, and grow up to adult years rude, uncultivated, and all the more dangerous to society if placed amid the manifold temptations of what is called civilized life.

Mere instinctive love is not sufficient. Instinct, which preserves the lower creatures, needs no training; but human intelligence, which is in constant request in a family, needs to be educated. The physical health of the rising generation is intrusted to women by Providence; and it is in the physical nature that the moral and mental nature lies enshrined. It is only by acting in accordance with the natural laws, which, before she can follow, woman must needs understand, that the blessings of health of body, and health of mind and morals, can be secured at home. Without a knowledge of such laws, the mother's love too often finds its recompense only in a child's coffin. That about one-third of all the children born in this country die under five years of age, can only be attributed to ignorance of the natural laws, ignorance of the human constitution, and ignorance of the

In congestive conditions of the uterus and ovaries, anemonin has proved quite effective.
Dose, one granule every hour until relief.

uses of pure air, pure water, and of the art of preparing and administering wholesome food. There is no such mortality among the lower animals.

It is not saying too much to aver that the happiness or misery, the enlightenment or ignorance, the civilization or barbarism of the world depends in a very high degree upon the exercise of woman's power within her special kingdom. Posterity may be said to lie before us in the person of the child in the mother's lap. For nations are but the outcome of homes and peoples of mothers.



Books possess an essence of immortality. They are by far the most lasting products of human effort. Temples crumble into ruin; pictures and statues decay; but books survive. Time is of no account with great thoughts, which are as fresh to-day as when they first passed through their authors' minds ages ago. Time does but sift and winnow out the wheat from the chaff, for nothing in literature can long survive but what is really good.



CHILDREN AND TEACHERS.

It is not possible adequately to consider the subject of children's health without very specially studying the position of "teachers" in relation to those under their care. The thing which impresses us most of all, is, that the value of physical health should be the very first and most essential matter to be considered by a child's teacher. At the outset of school life, through childhood and early youth, it can never be rationally forgotten, that good sound health of body is never to be sacrificed or even endangered for the sake of any other thing whatever. When it is clear that such health of body is in serious danger if certain "attainments" are to be secured, it is worse than foolish, it is criminal, to

use the forcing process. Scores on scores of the brightest and best of our children are pursued to their doom every year because of the extravagant and merciless ambition of proud parents. More of the gymnasium, and not so much of the "higher branches" would have saved many of these precious lives. Most children are sent to school when too young. It is much better for them to be in the open air engaged in their healthful sports, breathing the pure air of heaven and playing their innocent, harmless games than to be shut inside a school-room, where even under the most favorable conditions the child is unnaturally restrained and cramped in position and movements. Schoolhouses, in general, are very poorly adapted to ventilation, while children are brought together in "swarms" and kept on their seats most of the time for six hours in the day, breathing over and over again the same air, until many receive lasting injury to health and constitution. Pupils should never be confined longer than two hours consecutively. Then let them take exercise in the *open air* for a few minutes, during which time the doors and windows of their rooms can be thrown open so as to have a full and complete supply of fresh air. By this plan the pale languid appearance of most children at the close of school hours would be avoided, and the health and vigor of the body could be retained.

Let the children have more time at the dumb-bells even at the expense of "studies." Give them more exercise in the open air, where the "higher attainments" can be for a time forgotten in leap-frog, ball playing and tag. Do not let pride urge your boys and girls to undue and harmful mental action; rather direct those precocious ones from their

In England, Murrell has strongly recommended senecin to bring on menstruation. It is said to be effective and harmless. Dose, one granule every hour until the flow appears.

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books by open air exercise. If they have talent, they will not lose it; but add to their power and strength of mind by physical instead of mental action. Many a child is really "too smart to live." The reason is, that he has too much brain, and too active a mind for his body. Teachers should see that children given into their care are *kept* healthful by cheerful exercise. Encourage them in their outdoor sports and plays. Roll the hoop, play ball and fly kite with them. Go skating and sliding with them in the winter. Remember that however brilliant and promising the child may be in mind, if the system is tainted with disease and the health destroyed by unnatural methods, your labor has been worse than vain. Let the "smart" children have a chance for life. See that the bodily energies are kept as a robust companion to the mental powers. In this way only, can the child be taught aright.

* * *

THINK.

If the CLINIC makes you think it has benefited you.

Emerson disliked disciples, as much as his gentle nature was capable of disliking anything. I rather fancy that Thoreau was a constant perplexity to him, because the former persisted in putting the Emersonian theories into actual practice, by living in accordance with them. And it is much pleasanter to theorize abstractly on the sins of the world, its misgovernment, the wrongs it inflicts, than to go about to manage things differently. Many a political party has been swept into power on the flood-tide of a great reform movement, but before long they are found doing exactly the things they objected to; or the popular will that

swept them into power sweeps them out again after a trial.

We are advocating a reform in applied therapeutics, a reform so much needed that it seems marvellous it has not been adopted long ago. We find the most serious obstacle in the deeply-rooted conservatism of our professional thought; in the pessimism bred of disappointment in the use of uncertain variable remedies. We are striving to pierce through the crust and touch sensory nerves—trying to hurt you a little, perhaps, if only we can find vitality there, to attract your attention to the attacks. We don't care if it arouses reprisals on your part; we want to agitate you, get you aroused, start your gray matter to functioning. For if you want to attack us, you'll have to look up our arguments before you can refute them. You can not argue us out of our position until you know what it is. If you really investigate our theories, you will resemble the ancient prophet who came to curse but invoked blessings instead; while if you attack us without investigation, we fear you will more closely resemble the quadruped that accompanied him.

Think. Investigate. Experiment. Don't be balked by the silly cry of commercialism, but see for yourselves what there is in this thing we Dosimetrists are so earnestly pushing before the profession. Do not let prejudice stifle independent inquiry, but see for yourselves. If the advantages claimed for Dosimetry be true, you cannot afford to resign it to your competitors.

* * *

QUININE IN MALARIA.

Few remedies or methods of treatment, under the old regime, are so uniformly beneficial that we could prescribe

Acne disappears when ergotin enough is given to contract the dilated capillaries, leaving the skin smooth. Berberine gr. 1-6 three times a day and upwards accomplishes this end still better.

them with well-grounded confidence. So that when the doctor finds one he can really trust he is strongly averse to trying any other remedy in its field. And yet, no matter how good a thing is, it is not good enough if there is a better.

When Peruvian bark came into use as a remedy for ague, it at once took rank as the most effective yet discovered. When the proposition was made to exchange the ounce of powdered bark for thirty grains of extract, it was unwillingly, grudgingly admitted. When for the half dram of extract ten grains of quinine were proposed, the opposition was fierce and determined. Learned scientific clinicians published statistics embracing many hundreds of cases, showing the superiority of the crude drug to any one of its constituents. And these arguments have never been refuted. Nevertheless, the medical world uses quinine for ague altogether, and never cinchona or its extracts.

Why? Because of a conviction as to the worthlessness of statistics, as collected by persons biased in favor of one side or the other; because the patients will not take the more nauseous dose; because the doctor has grown familiar with the salt and forgotten the use of the extract; because the salt is more convenient, more manageable, more uniform in activity, more acceptable to the stomach, more readily soluble and hence more prompt in its action, more universally employed and hence easier to obtain in good quality; while the druggist would have to ransack his shop to find on some back shelf a forgotten bottle of extract, long since inert from age.

"Doctor, do you believe in quinine?"

"Why, sure! It is one of the very few drugs I can give, and go back to my of-

Obesity may be easily reduced by closely seven granules of phytolaccin a day; diet, just food at each meal.

fice, and to bed, without any sense of uneasiness to keep me from sleep. I know what it will do. It's like my old horse, who knows just where to turn in; my old shoes, that fit my feet; my old servant, who knows just where to put in a little work that I will see."

"But don't you want a better remedy?"

"Now, sonny, you just go off and improve on anything else in the *materia medica*—there's room enough, God knows—but just let quinine alone. It doesn't need improving."

Is not that about the attitude of most of us? I recollect an old navy officer, who contended that the American sailing ship, the Baltimore clipper, was perfection, and the introduction of steam a mistake. The clipper's transatlantic voyage was fast enough for all practical purposes.

So I am quite conscious of the reception to be expected, when I say that the ten-grain dose of quinine sulphate can be judiciously replaced by a much smaller dose of quinine arsenate; but it's nevertheless true. Why give ten grains if one, or less, will answer?

Break up the chill by a full dose of pilocarpine or atropine, unload the liver, and empty the alimentary canal, disinfect it thoroughly, and then give quinine arsenate, 0.001 to 0.01 every hour, and note results. The constant infiltration of the remedy into the blood never gives the plasmodia a chance to develop, while between the big doses of quinine at long intervals they constantly revive and reproduce.



ECHINACEA.

Echinacea angustifolia was introduced by Dr. Mayer, of Pawnee City, Neb., as a remedy for rattlesnake bites. Dr.

limiting the amount of fluid taken and giving enough food and no more. Only one kind of

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Mayer wrote repeatedly in the medical journals of the virtues of this plant, and it at last began to attract attention. Dr. Lloyd finally investigated it and gave it the stamp of his approval.

According to him it is a valuable remedy for septic states, and can be used locally and by the stomach with advantage. It combats septic poisons in the blood, and the accompanying depression. The greater the tendency to malignancy, the more decided is the effect of echinacea. In health, little or no action is manifested by this drug.

A long list of maladies may be given in which various observers have pronounced echinacea valuable. Among these are abscesses, caries and necrosis, burns and scalds, sloughing cancers, empyemas, dry and moist gangrene, puerperal sepsis, pyemia, septicemia, stomatitis, bruises, bites of snakes, insects, dogs, etc., old ulcers, synovitis, wounds, diphtheria, carbuncles, typhoid fever; in fact, wherever sepsis, malignancy and unhealthy condition of wounds, ulcers or tissues, is present, and the vital resistance to disease is below the point of successful repair, echinacea is indicated.

Most of those reporting on it first cleansed the septic surfaces with hydrogen dioxide, and then applied echinacea in varying strength according to the need, and gave it internally at the same time. It thus occupies the place claimed for baptisia to a large extent; the latter, however, being closely limited to a comparatively narrow field. Lloyd pronounces his purified echinacea or echafolta the best alterative known. He reports one case of senile gangrene recovering under its use.

My good friend Dr. Mollyneaux, of Woodland, Ill., reports a case of septi-

cemia, following curetting a uterine cancer, that recovered under teaspoonful doses of echafolta, the tumor disappearing. When the dose was decreased the patient would grow rapidly worse.

A writer in the *Medical Gleaner* applied tincture of echinacea to the glans penis, in a case of senile impotence, and found it soon restored the power of erection. In this case echafolta did not answer as well.

Numerous instances have been reported of this and other useful applications of echinacea. This drug could easily be made into granules for internal administration, using a purified extract until the active principle is extracted.



The truest politeness comes of sincerity. It must be the outcome of the heart, or it will make no lasting impression; for no amount of polish can dispense with truthfulness. Without genuineness and individuality, human life would lose much of its interest and variety as well as its manliness and robustness of character.



THE BEST WIFE FOR A DOCTOR.

This is rather a delicate subject to discuss, for if the editor were to take very decided ground on the question, he would please a few readers and displease many more. So we will leave out all personalities, only hinting that if any one wants our private views on the absolutely perfect, ideal wife for a doctor, call around and we will gladly introduce him.

But whom should the doctor marry?

Max O'Rell says that authors should not marry at all; and saves himself by immediately adding—"for the sake of their wives." And that of course brings up the plaint of poor Jeanie Welsh Carlyle; that the world must have geniuses, but it was pretty hard on the woman who

For Headaches due to uric acid, especially when biliaryness is present, give a granule of colchicine every hour until slight nausea occurs. For uric acid in general, colchicine is an effective remedy.

had to live with them. And one wonders what would have been the result to the world of letters, if Thomas Carlyle's doctor had known the significance of autotoxemia.

Don't marry the woman who thinks she has a career of her own. You will either clash or sink to the place of Mrs. —'s husband.

Don't marry a woman devoted to society or fads. Inevitably she will look on you simply as a source of supplies, a ladder by which she can climb to eminence; and no matter how high she gets, she will blame you for not enabling her to get higher.

Don't marry a jealous woman. A doctor must deserve and have the entire confidence of his patrons, morally as well as professionally; and how can he expect this if his own wife, who presumably knows him better than anyone else, considers him unfit to be trusted out of her sight?

Don't marry a woman mentally your superior.

Don't marry a fool, a sloven, a sensualist, a selfish, lazy or shrewish woman. Beware of the girl gifted with preternatural acuteness in picking flaws in others; or one who is always ready to attribute bad or unworthy motives to others.

If a woman was intended by nature to be a nun, don't interfere and coax her away into matrimony.

Look for a girl who has good health, who is brisk and tidy about the house and sings at her work, who is good and helpful to her mother, who is human enough to be unaffectedly happy that she has won a husband, and who is proud of him and of her wifehood, who has wit enough to make a delightful companion,

and does not feel herself so superior that nothing her husband does is above criticism; who is old-fashioned enough to take pride in a clean house, a well-cooked meal, neatness of person and dress; one who can laugh, and who is on the lookout to meet her husband when he comes home from work.

"And the nights shall be filled with music,
And the cares that infest the day,
Shall fold their tents like the Arabs
And as silently pass away."

The world is full of such women; pure, sweet and lovable; each one beyond all price to the man who wins her, loves her, and treats her right. You can find them anywhere.



Fretting over that from which we have been removed, or which has been taken away from us will not make things better, but it will prevent us from improving those which remain. The bond is only tightened by our stretching it to the uttermost. The impatient horse which will not quietly endure his halter only strangles himself in his stall. The high-mettled animal that is restive in the yoke only galls his shoulders.



ATROPINE FOR INTESTINAL OBSTRUCTION.

The treatment of intestinal obstruction by the administration of atropine, is attracting attention in Germany. Introduced there by Batsch in 1899, many favorable reports upon the method have been made. Recently Bofinger reported two failures. In one the pain was relieved but not the obstruction, the autopsy disclosing cancer of the pylorus, and volvulus in the lower ileum. The second was a woman with hernia, becoming strangulated. Eight milligrams (about gr. 1-7) of atropine were given in three doses, hypodermically, without relief; an operation was performed, and while un-

In Gall-stone and Renal Colics, the best treatment of the paroxysm is glonoin, hyoscyamine and strychnine arsenate, a granule each every ten minutes until effect. Try it in all cramps and colics.

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der the delirium of the drug the patient interfered with the wound in such a manner as to cause her death.

The former case proved nothing—it was incurable anyway; but the second is a fine example of how not to use drugs. Had the atropine been given skillfully, say, 0.0001 repeated every ten minutes until the occurrence of dryness of the mouth indicated the full physiologic effect and the beginning of toxic action, the full therapeutic benefit would have been secured. If this proved insufficient, it was then time to employ other means, in this case a surgical operation. No benefit could accrue from further pushing the atropine, but its failure showed the presence of such a mechanical obstacle as demanded mechanical relief.

Of course our old readers are well aware that this method did not originate with Batsch, but had been advocated in the CLINIC for years before that gentleman's publication. It is to be regretted that in adopting the CLINIC's remedies, people do not also adopt our method of administering them.

Another illustration of when to stop giving a remedy: Lately I have been using Waugh's Anticonstipation granules in the true Dosimetric manner, giving one or two granules every hour until the bowels move, or until the beginning of atropine action is manifest. If the latter occurs without relief, the granules should at once be suspended, as it is certain there is a mechanical obstacle present interfering with their action. What folly to persist in stimulating peristalsis when the rectum is occluded by a retroverted womb, or closed by a spasmodic, hypertrophied anal sphincter.

We believe in alkaloids; in the use of atropine for intestinal obstruction; but we

For Atonic Dyspepsia and general debility of the digestive apparatus, give a granule or two of quassia before meals; the triple arsenates may well be added after eating and Saline Laxative mornings.

know when to stop giving it and to seek relief from other measures.



Acquiescence in adversity is the best way out of it, for he who accepts the situation and begins on the lower level to do his best has already stepped on the first round in the ladder up which he is to ascend to a renewal of prosperity.



SCOPOLAMINE-MORPHINE ANESTHESIA.

Korff reports favorably on the use of scopolamine (hyoscine) and morphine in producing anesthesia for surgical purposes. There is no vomiting, patients come to the table quiet and drowsy, and after operation sleep quietly for about twelve hours, without pain. They wake unconscious that the operation is over, ready for food, appetite and digestion waiting, heart, lungs and kidneys in normal function. The pupils are normal in ten to twenty-four hours.

These two agents are antagonistic, morphine retarding and scopolamine accelerating the heart and respiration. Morphine paralyzes the sensory and scopolamine the motor nerves.

The doses employed by Korff were 0.0004 scopolamine and 0.01 morphine.

The patient is prepared for the operation, given a liquid breakfast at 7 a. m., and at 8.30 a. m. the above dose is injected. This is repeated at 10.30 at another point. Some patients require a third dose at noon. One hour after the last injection the operation is commenced, a few drops of chloroform sometimes being necessary to complete the anesthesia.

Feeling assured of the harmlessness of scopolamine, Korff expects to increase the dose to 0.0012.

Most of the hyoscine in use is the so-

called scopolamine, and what is said above applies to the former drug so well known to CLINIC readers. The method has distinct advantages. It is quite a common custom to inject morphine and atropine hypodermically before beginning ordinary anesthetization, and it is true that the patient takes the inhalation more readily and requires less of the anesthetic.

The introduction of this method is opportune, as the reports of deaths from intraspinal cocainezation are coming in much too numerously.



PILOCARPINE.

Hansell in April presented the section on Ophthalmology, College of Physicians of Philadelphia, a paper on pilocarpine in intraocular inflammations. He attributes its value to rapid elimination of toxins, reduction of the blood serum, activity of the absorbents, relief of congestion by lessening blood-pressure—"in a word the extensive depletion and its substitution by new and selected material."

He enumerates a number of recent uses of pilocarpine; hepatic colic (Popham), chronic otitis media (Smith), sudden deafness due to syphilis or to labyrinthitis (Bacon), croupous bronchitis, croupous pneumonia and chronic nephritis (Sziklai), the use in pneumonia being doubted by Rosenberger, erysipelas (Anders), acute nephritis (Leuck), chronic interstitial nephritis (West), diphtheria as aid to antitoxin (Sziklai, Barsky and Saunders), and urticaria (Abrahams).

Hansell considers pilocarpine especially valuable in the rheumatic and uricemic. In syphilis he adds mercury, employing baths to enable larger doses to be given without salivation. He gives a bath at

106 to 110, during which the patient takes a cup of tea. After twenty minutes immersion he is put to bed and gets pilocarpine hypo, gr. 1-12 to 1-8. Sweating is duly encouraged. This is repeated daily. Depression calls for strychnine.



THERAPEUTIC BRIEFS.

It doesn't take many words to express an idea; and many of us value the idea all the more, the fewer the words in which it is expressed. Many a ponderous article consists of voluminous padding with a wee little kernel of original or useful matter, the whole of which could be easily written on a postal card.

Postal briefs! That's exactly the idea I've been fishing for. Send us postal cards containing notes of uses you have made of the alkaloids and other remedies, practical points, limiting them to thirty words. Note the foot-lines to the reading pages this month and give us something similar, only a good deal better.



TRANSMISSION OF DISEASE FROM ANIMALS TO MAN.

In the *N. Y. Med. Journal*, Meany discusses the infection of the human being by animals. Anthrax and glanders have long been known to be thus transmitted. Scarlatina, diphtheria and typhoid fever have been traced to cow's milk.

Turner found a typical croupous membrane in the trachea of a pigeon. An epidemic of diphtheria followed a fatal affection of chickens. Diphtheria has been contracted by cats and spread by them to other cats and thence to their child owners. Swine, sheep, horses, cattle and dogs have been found suffering a disease exactly similar to human diphtheria.

Mason attributed an outbreak of ma-

In all Hyperemias, equalize the circulation in the beginning by the Dosimetric Triad or the Defervescent, and you will have no inflammations to treat. They give a solar-plexus blow at the start, and the malady is knocked out in the first round.

The Alkaloidal Clinic

lignant plague to a cat, which boarded a steamer at an infected port, showed signs of illness; and the eight sailors who died all occupied the part of the ship frequented by the cat.

It is a pity sick animals cannot promptly be placed under the care of a competent veterinarian, now that these practitioners

are to be found as thoroughly versed in the ways of modern science as the graduate of a medical college. At any rate, children should not be permitted to handle or attend sick pets, and every disease of domestic animals should be viewed with suspicion unless positively known to be harmless.



A LITTLE OF EVERYTHING, EDITORIALLY SUBMITTED.

Now, gonorrhreal vaginal discharges are alkaline.

Roetheln may be diagnosed positively by swelling of the glands over the mastoid and at the back of the neck.

Schirmer cures cerebro-spinal meningitis by daily inunctions of one ounce of unguentum Crede for three days; and 1-3 oz. more on signs of relapse.

In exophthalmic goiter render the alimentary canal clear and clean; and the subsequent treatment is likely to prove effective, no matter what it may be.

Abrams cures aphonia by applying methyl chloride to the neck where the internal laryngeal branches of the superior laryngeal nerves pass into the larynx.

Yount cures all his goiters by tincture of strophanthus, ten drops, *t. i. d.* But as different specimens show a strength varying from one to 90, we suppose 900 drops will be required of the weaker.

Martin says that when difficulty of breathing arises during anesthesia, the head should be thrown forward and then the neck extended. This draws the epiglottis away from the glottis, and the soft palate is not strapped over the tongue.

In Lumbago, Pleurodynia, chest-pain when corsets are removed and Rheumatic Sciatica, three or four granules of colchicine daily are quite effective.

Baratier cures chordee by applying oil of wintergreen, one part to ten of fluid petrolatum, to the penis on cotton, secured by adhesive plaster.

Borcq says that yeast prevents fermentation. He gives a teaspoonful before each meal. He hasn't heard of nuclein yet, but is warm on the track.

Coghill finds that chronic induration of glands yields to calcium chloride when all other treatment fails. In the young when the sleep becomes restless, breath fetid, tongue foul and coated, and tonsils enlarged, it is the best remedy. Dose, 10 to 20 grains for adults, in milk. Prescribe the granular chloride of calcium to distinguish from the common disinfectant chloride of lime.

The most difficult and essential part of an editor's duty is to decide what not to print. Especially is this borne upon our consciousness when we get among our exchanges and at our reviewers' table. We have before us a pamphlet entitled "The Scientific Valuation of Alcohol in Health," by Capt. Patrick O'Gorman. We would like to republish it entire. As we cannot, we simply advise you to send for it. It is published by Ideal Publishing Union, 33 Paternoster Row, London, E. C.

LEADING ARTICLES

LOVE AND SEXUALITY FROM THE WOMAN'S STANDPOINT.

By "Ut Prosim".

Few people realize the importance of that force, the greatest and most vital of all the forces which govern humanity (the magnetic attraction which exists between the sexes), called sexual love. To the initiated, it is unnecessary to point out the established fact that all love is necessarily sexual in its very essence, and born of desire; the platonic feeling which masquerades as love being nothing more than affection, respect, or friendship if it lacks the sexual element.

It is time, high time, for the world to awaken to the law of sex, that law, as unchangeable as the law of gravitation, that is not only the foundation of all life but the basis of health and the corner stone of home and happiness.

To the man or woman whose business experience has brought them into touch with mismatched couples and their tales of woe, it is too serious a subject to longer neglect, and of too vital a nature to permit any false prurienty and mock modesty to cover with the worn out assertion that such questions are "in-delicate," and not to be mentioned by "decent" people. Right here let me assert that it is exactly the decent people who are not afraid of looking facts

squarely in the face; and not only is it the old story that: "To the pure, all things are pure," but as all medical men and women will agree with me, it is always the people who are unable from hereditary ailments and diseased conditions to know and enjoy the conjugal embrace who prate most glibly about the "sin" of sensuality, seeking every means in their power to prevent the dissemination of that knowledge which will tend to educate the masses and right the wrongs committed, not only against the woman, but the irreparable injury to the race in the wrong to the child she will bring into being.

Health is the fulfilling of the law, and no more precious heritage can be bestowed upon the unborn than a lawful—I do not mean merely legal—begetting.

No one who has eyes and ears need want proof of this last assertion. Look about you, see the hundreds of pale-faced, thin, scrawny, undeveloped women. Stripped of their frills and furbelows what do they look like? I know for I have seen them and if there was a demon of depravity he would indeed laugh in glee to see these hideous caricatures of the ideal woman. But it is

For Constipation of Infants dissolve a granule of lobelin in 100 drops of water and give 5 drops every hour until bowels move. This comes near being the ideal infantile cathartic.

The Alkaloidal Clinic

these women who are to "Have and to Hold!" it is these slab-sided, no hipped, no stomached, no bosomed females whom the men will marry, and from whom it is as impossible to expect the delight of gratified love as it is impossible for them to enjoy it or for their breastless bodies to nourish the child their imperfect powers will bear.

The biblical assertion that "all men are fools" may be a trifle strong, but it seems to be almost warranted when we see men blindly led into the bonds of matrimony by a passionless, unsexed, over-dressed bit of femininity, whose education and strong likeness to her fashionable "Mama" should be the best danger signal in the world. Let me be perfectly plain: Anyone with the eyes of discernment can read the physical condition of women and often their very sexual temperament too, in both their forms and faces. The undeveloped bust is a sign of lack of development of the generative organs, and let me add, with all the emphasis I can, it is a sign of lack of the possibility of sexual pleasure; and as a rule the lack of desire itself is concomitant, and is as positively merely a want of development and a sign of lack of health.

Some things I know from a scientific study of the race, but what I know best, what I *really know*, is not as a student of medicine, is not the result of my study of the best treatises by specialists, but as a woman. From the woman's standpoint, and that woman a healthy normal female, I shall

speak, for *I know that what I say is true.*

Doctors and husbands are most concerned about fastening the stable door after the horse is stolen, that is to say, after the woman is wedded; but as there was only a pitiful semblance of the female in her at the beginning it is lost before the real marital life is fairly begun. What faint glimmerings of sexual love may strive to burn, fanned into a brief glow by the fires of the honeymoon and the strange and passionate relation so new to the female, are too often extinguished in a week by the agony of bruised parts and the surfeit of sexuality in which the new-made Benedict too often indulges.

The world and the human family would be immeasurably blessed if men would use their eyes, and not expect the impossible. If all marriagable young men were duly impressed with *just what it really means to be tied for life to a sexual corpse*, they would think twice before mating with these impaired feminine specimens, when there are still to be found as charming, as lovable and as womanly women *who are normal females*, and who may be had as wives.

Women are what men make them; and let the demand go forth, let it but be once proved that *real health means real happiness*, that men demand not only wives but mates, and mothers will take the hint, marriageable daughters will be

In Strangulated Hernia, if reasonable taxis fails, give a full dose of hyoscyamine, enough to flush the face, and come back in four hours to find the hernia reduced or easily reducible.

instructed where now they are left ignorant, and much misery to the whole human family will be saved.

Knowing women as I do, I can truthfully say that the ignorance of the average American girl as to the duties of wifehood and the conditions necessary to properly fill her position as a mate—as a true wife and mother—is something amazing; and while she is a past-mistress in all the fads and follies of fashion, and has each "eligible" duly graded in her mind as to his social position, his income, his prospects, his physical attraction, and while she can measure to a nicety just how much envy her own capture of each specified individual will excite in those of her ilk, all that goes to make "oneness" in marriage is given no thought at all.

"It's lovely to be married!" so a twenty-year-old girl told me. "You get such a lot of nice presents, and such an awful sweet trousseau, and then you go away on a wedding tour, and come back to a home of your own." "And how about the man?" I ventured. "Oh, any

old thing will do. I'll take any one, just so that I can marry, and don't have to work." And this is the creature of "spotless honor and loveliness;" this is the life-mate of one-half the world! Let us who can say with the great French woman, "George Sand," "Thank God that I am a woman, that I am spared having to marry one."

—:o:—

The author of this paper, though nameless, is not unknown to CLINIC readers; her papers in the past having received marked attention and much well-merited praise. And it is to supplement the teachings of the book, "Sexual Hygiene," with much needed and useful knowledge from the woman's standpoint, that this series of papers is given. They are plain talks on an all important subject and well deserve thoughtful consideration. It is claimed that no man can fully comprehend a woman. If any man can, it is a doctor. Let us see if this bright woman cannot give us an inkling of her sex's standpoint. We trust they will be enjoyed.—ED.

(To be continued next issue.)



ALKALOIDAL MEDICATION AND DOSIMETRY.

By J. K. Milbourne, M. S., M. D.

Abstract of a paper read before the District Union Medical Society of Cedar Rapids, Iowa, August 9th, 1901.



THE FIRST cycle of the twentieth century has upon its retrospective many and wonderful advancements in Art and Science. The banner of Medicine and Surgery is found well to the fore, bearing words of gratitude and encouragement. For each advanced step has shown that its

aim and purpose has been human betterment.

Foremost among these advancements, the unprejudiced and progressive observer will place Alkaloidal Medication and Dosimetry. Alkaloidal therapeutics lifts us above the shadows of the empirical, unscientific and uncertain medication, into the clearer light of an exact science.

How well do we remember with sorrow and contrition the many failures, in

In all Acute Catarrhs of the respiratory mucosa, begin at once with calcium iodized, one to three tablets every ten minutes, and note how quickly the symptoms disappear.

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by-gone days, to obtain the effect that we had a right to expect when we had carefully applied those remedies that our reverend Professor of therapeutics had labelled and tacked to a disease. Why not? That great "Why not?" had haunted us in our day thoughts and night dreams until we almost despaired, and our faith in medicine was sorely tried.

The pharmacopoeia declared that a drug should contain active principles in certain quantity. But what means had we of knowing that this was true? Absolutely none. The goods were bought, manufactured, sold, prescribed and taken, and the unfortunate patient must take his chances as to the results.

The manufacturers of late have made some advances in that they assay the drug, and by adding to or diluting bring it to a certain standard. This would seem well, but unfortunately each manufacturer has his own private standard, to our confusion, and without informing us which of the several alkaloids predominates in those drugs which contain more than one; so that we are but little better off than when we took it as nature presented it.

It is passingly strange how any educated, observing, honest physician will hold to these now absurdities, when there is presented to him that which is pure, exact and certain. The most common argument of those who have not accepted the alkaloidal medication, is that while they are exact and action known, yet they are small and powerful, therefore dangerous. All true; but, my dear Doctor, are you not using remedies crude in form, uncertain in strength, unknown as to action and therefore doubly dangerous?

The alkaloidist demands that his rem-

edies be in a state of chemical purity, and while he rejects no remedy that can be made to have an action for good upon the human system, he always keeps this point in view.

For the correct use of the alkaloids it requires a most thorough knowledge of the human body, in its anatomic structure, physiologic functions and pathologic changes, in fact all departures from the normal; next, a most careful study of the physiologic action of these remedies upon both normal and pathologic cells. Then he is equipped to battle with disease successfully.

All that has been proven as good by research and observation in every field that has any bearing upon proper medication, the alkaloidist accepts and tries to acquaint himself with the facts as far as possible, and applies them to the cure of disease. He has not therefore instituted a new school of medicine, but recognizes the fact that his work lies strictly along the lines of the regular practice of medicine.

What are the claims of the Alkaloidist? He claims that he comes nearer reaching the limit of perfection in medical therapeutics, and to reducing our art very nearly to a science, when he rejects all that is inert, using only the active principle of all drugs possible; and where two or more active principles are originally found in one plant, they shall be disassociated and given in their individual unity; and he demands that all minerals, glucosides, resins and concentrations shall be in a state of chemic purity. These are his arms of precision.

To use them efficiently, he must have a thorough knowledge of their physiologic action upon normal and diseased tissue, and what is necessary to bring back the

In Malarial Fevers, break up the chill with a full dose of atropine or pilocarpine, unload the liver, and follow with quinine arsenate, a granule every hour while awake.

normal equilibrium. His remedies are divided into minimum adult doses, to be given at frequent intervals until effect, then sufficiently often to keep up the desired effect. With these "weapons of precision" and this knowledge, he believes he is more able to successfully battle with disease than by any other method.

Medicine used in these accumulative minimum doses gives such perfect control of the pathologic disturbance at the beginning of acute diseases, as to restore the normal equilibrium before organic injury has developed, jugulating the attack and curing the patient quickly.

In rational medicine there is no such thing as fixed doses. We have been taught to consider age, sex, strength, weight, time, habits, season, individual idiosyncrasy and general conditions; and all of these must be studied apart from the disease in question. After having carefully viewed the scene and having decided on the remedy indicated, we are again met with the fact that even its dosage can only be approximated. Oh, what a picture to the active mind! Alkaloidal medication does away with all this. His initial dose is always too small to poison, under any or all of the above conditions. His remedies are given in a form quickly dissolved, relieving the ailing cells of all laboratory work, repeated at short intervals until the desired effect is obtained.

This delicate handling of therapeutic remedies appeals most strongly to the candid mind, clears away the mist and brings to him a feeling of security and faith that he will succeed.

Slowly, but surely, the medical world is accepting as correct the discoveries,

deductions and principles advanced by the great Burggræve.

His supreme idea in treatment was to abort the disease before organic lesions were manifest, or jugulate after such lesions had developed. The *first* and *chief* indication in the beginning of any disease is to counteract the asthenic or lowered vital energy, which he believes always existed even under apparent sthenic conditions. This principle he most tersely expresses by saying that "behind sthenia, asthenia always lurks;" using strychnine where the old school used the lancet.

The treatment of infectious disease is begun in the incubative stage, and thus we prevent its cumulative effects. That the incubative stage is a time passed in "innocuous desuetude," or that its treatment would be then ineffective, is unreasonable, as has been proven by many cases on record.

The dosimetric physician considers this the most important stage of the disease, the time for doing his best work to successfully and completely prevent that second stage, which he believes only a rebellion of nature, or an effort to throw off the effect of the deadly work done in that silent incubative stage.

The Alkaloidist recognizes that the battle against disease is a fight against unhealthy secretions. Hitherto our efforts have been directed against malassimilation and retrograde metamorphoses of tissue. They should have been aimed at primary causes, the defective metabolism and autotoxemias which unite to produce the derangement of cell-functions.

Burggræve's view on the importance of the vasomotor nerves in acute disease is now recognized. As in the state of chill, we find a spasmodic contraction of

In Duodenal Catarrh with jaundice or biliaryness, give copper arsenite gr. 1-1000 every hour or two while awake, and use salines against constipation.

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the cutaneous capillaries; in congestion, a vasomotor paresis. The alkaloidist relaxes these spasms with atropine, glo-noin, hyoscyamine; tones up the nerves by strychnine and digitalin, and with aconitine equalizes the circulatory pressure throughout the body.

Again he says, "For every vasomotor spasm there is a corresponding paresis, and for every congestion there is anemia in the other parts of the body." Therefore, in all acute diseases there is a general systemic disturbance, followed by localized congestion of the particular organ, with corresponding depletion of the other parts. The vasomotor dilators have been paralyzed in this organ allowing an influx of blood, while all the other tissues have been drained by contraction of their arterioles. The equilibrium of the blood-supply is destroyed because the vasomotor nerves do not act in harmony.

The broad field of the Alkaloidists' investigation is bounded only by the limit of human knowledge. It is sad, but true, that the physician in general is most deficient in accurate knowledge of therapeutics. What knowledge he does possess seems rather of an empirical kind and is given in the customary style of their rut-worn habit.

Permit me to present a case or two to illustrate the principles and practice as we know them: In pneumonia we recognize these conditions: Rapid pulse, rapid but shallow breathing, pain in affected part, cough, rusty sputa, hyperpyrexia, microbes an uncertain quantity and quality, local congestion in lungs with contraction of capillaries elsewhere, condition of lung easily ascertained upon percussion and auscultation.

R. B., aet. $2\frac{1}{2}$ years; male, quite fat and strong; had been seen by physician

for three days, and with prognosis unfavorable; was seen Feb. 22, 3 a. m.; temperature 104, pulse 150, respiration 65. Found entire left lung and lower lobe of right involved. Gave Dosimetric Trinity every fifteen minutes until fever fell to 101, then every half hour until normal. For lungs apomorphine and emetin every half hour until symptoms of nausea, and continued to hold it so; cleaned out the bowels by means of calomel and Abbott's Saline Laxative. Ten a. m., pulse 110, temperature 101 degrees, respiration 46; continued treatment.

Feb. 23, 9 a. m., temperature 99, pulse 85, respiration 26; lung almost completely cleared up; child sitting up and enjoying itself. Ordered apomorphine and emetin every 3 hours, for two or three days. Discharged as convalescent on strychnine arsenate and nuclein.

This is but a sample of quite a number of cases within the past two years, with a death rate of zero.

With the heated season and the poor food reeking with bacteria, comes the inevitable "Summer Complaint," bowels congested and poisoned by the toxins. General disturbance from their absorption calls for cleaning out of the offending substance and thoroughly disinfecting the bowels. And this can be done most satisfactorily by calomel followed by saline laxative. After this has acted, give zinc sulphocarbolate until diarrhea ceases, then continue for a few days with the triple sulphocarbolate; lower fever with the Triads. If there is tenesmus or intestinal cramp, relieve by strychnine arsenate and hyoscyamine. This is much better than opiates, doing the work as quickly and having none of the disagreeable after-effects or the locking up of

In Gastro-intestinal Catarrhs give juglandin a granule every two hours, to stimulate healthy secretions and replace the morbid products.

the secretions. Leave patient on strychnine arsenate and nuclein. With this plan of treatment I have not lost a case for three years.

Under the Alkaloidal treatment of acute pharyngitis, tonsillitis, etc., the most gratifying results have been obtained.

April 10, 1901: F. L., age 23 years; had had frequent attacks since childhood; throat highly congested and swollen, pharynx and tonsils involved, tonsilar crypts filled with dirty infiltration, glands of neck somewhat enlarged, temperature 104, pulse 135. His previous attacks had lasted about ten days. Gave Dosimetric Trinity for fever. Dissolved two 1-3 gr. calcium iodized tablets in two tablespoonfuls of water, ordered this to be gargled and swallowed every hour. Calcium sulphide gr. j, every hour until saturation. Cleaned bowels by use of saline laxative. Within 36 hours the patient was completely restored and declared that he was able to "paint the town red." Continued the calcium iodized for three days; no attack since.

This is a history very similar to 28 recorded cases I treated of like nature within six weeks; no case lasting over 48 hours from time of treatment.

What a delightful change from the old protracted treatment of remittent fever, with its two to four weeks of chills, fevers and remissions. When you find a patient with fever at 104, how satisfactory it is to give Triad for fever, pilocarpine one granule each half-hour until sweating, which usually begins after the third dose; also give at the same time two granules quinine arsenate gr. 1-6. In about two hours the fever is down to 100 or lower. Then continue the quinine arsenate every hour. The next day treat

the fever the same way. If the case has not been of over three days' standing, this second day will end the good work, only continue the quinine for a few days.

In conclusion let me endeavor to impress the real importance of dosage. Bear in mind, it is not how much you give, but the *effect* you get. If you have studied closely the action of the active principle, you will know that some cases require speedy action, as when using atropine in post partum hemorrhage give gr. 1-67 at once, and repeat every fifteen minutes *until effect*; but in most cases the usual gr. 1-500 will be right, given at intervals as above.

I am convinced that he who starts to master the use of the Alkaloids will become a closer observer, a better thinker, with a greater confidence in his remedies and in himself, resulting in infinitely greater success than if he still held to the tried and tried, but not proven.

Clinton, Iowa.

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An abstract does not do justice to Dr. Milbourne's literary ability, but the facts are there.—ED.

* * *

Amyot reports the case of a woman who, after taking a mixture containing about ten minimis tincture of gelsemium, was seized with vertigo, headache, blindness, pupils dilated and insensitive, upper lids drooping, spasm of abdominal muscles, staggering and partial unconsciousness. Now, why will people persist in taking these uncertain preparations in that hazardous manner? A granule of gelseminine every quarter hour till effect would have given all the relief without discomfort or danger.

For Pruritus of anus or vulva give alnuin, seven granules daily. This is suggested by Dr. Phelps. Let others suggest.

ELIMINATION IN PROPYLAXIS AND TREATMENT OF DISEASE.

By Joseph Clements, M. D.

(1) Post Graduate Journal, N. Y., Sept., 1901. (2) New York Medical Journal. (3) Index-Lancet,
Kansas City, July, 1901.



IN WRITING this, my first communication to THE ALKALOIDAL CLINIC, which I have been reading with lynx eyes for the past two years, in which I wish to endorse with all the force of my pen Dr. Coleman's jugulation of disease, which doctrine stands upon a foundation in science as impregnable as Gibraltar's granite; permit me at the same time to dissent from Burggræve's hypothesis of prevention of disease and system of longevity, on the unscientific and flimsy basis of the saturation of the body with the alkaloids and arsenates. And, pardoning the egotism (not egotism, there is no mercy for the latter), if Dr. Coleman will think out the suggestions and hints this paper will contain, and also read "Medicine a Science" (1), "Bacteria and the Part They Play in Disease" (2), and "Bacillus Pestis in Bubonic Plague" (3), I think he will see scientific support, in addition to the empiricism of his experience and observation, for the jugulation theory.

In the discussion of any subject it is of first importance that the terms in which the subject-matter is stated be clearly and definitely understood. So in any discussion of medicine the first question is, What is disease? No intelligent conclusion can be reached in a score of problems that come up for solution, until this foundation problem is solved.

The chaotic and unscientific character of much of medical literature is witness to the unsatisfactory condition of medical

In Dilated Capillaries, try hamamelin a granule every hour, limit food and drink, order exercise and free cold bathing with elastic pressure where possible.

opinion in regard to this basic principle. Now few among us have thought out for ourselves, and settled the point, answering this question as to the nature of disease; and each must do this for himself, and in doing this, as Virchow says, "he must construct a picture of the vital processes." Why is it that much of the practice of medicine, and especially the administration of drugs, has only a foundation of empiricism? It is largely because of our imperfect or erroneous views of this question.

I dissent *in toto* from the hypothesis of Burggræve, as to the saturation of the tissues with arsenic, etc., in prophylaxis of his imaginary bacterial disease, and his system of longevity based upon it; notwithstanding the fact of his having attained the age of nearly 100 years; nor have I forgotten the adage, "nothing succeeds like success." Let me send my readers to the papers referred to for my views on the nature of disease, so far as I have set them forth, if they are interested to know them, merely hinting in passing that a correct doctrine of disease will inaugurate a reconstruction, in part, of our science and art in medicine, such as will eventually eliminate all empiricism, and I suspect much else that will astonish some among us. Coleman's jugulation of disease, and much of Burggræve's and others' Alkalometry, will surely survive this "wreck of matter and crush of worlds" of drug-cure of disease, which is inevitable.

Turning aside from inviting fields for exploration that open before us here, permit me to stick to Burggræve and his hypotheses. Drs. Abbott and Waugh, and

the CLINIC, are making much of "Intestinal Antisepsis"; none too much by any means, and I have been impressed more forcibly than ever of late that this cuts a larger figure in the true science of pathology and therapeutics than our philosophy has even dreamed of. A few years ago, six or seven, I wrote a paper, sending it to the *New York Medical Journal*, on "The Absorptive Power of the Large Intestine." I showed that after washing out the colon by large enemas of hot water I had injected a quart of medicated or saline solution, raising the hips and having my patient retain the entire amount until it was absorbed, reaching the kidneys and bladder, as I aim to do, and believe I have done, since in an hour or so the bladder emptied itself, repeating the process again and again; and I have often done so since, during the past few years. My belief and argument were that there is a system of absorptive vessels, in or connected with the colon, we as yet know little about; an article I had read in a London journal previously had set me to thinking about it.

From Dr. Buckley's paper anent Burggræve, in the August CLINIC, I learn that he on special occasions administers to himself certain of the alkaloidal preparations, but that he has for many years taken the Saline Laxative every morning. His immunity from microbic and other disease, and his longevity, he attributes to the two procedures mainly. He has depended upon the latter far more than the former, evidently, and in this so far I think he is wise. The result of the laxative is a more or less free watery evacuation of the contents of the alimentary canal, and thus he has maintained a constant system of elimination.

The last lecture the writer listened to

In Eructations of gas, give capsicin to tone the stomach and diastase to aid the digestion of starch. Try Grape-Nuts or Malta-Vita and cereal coffee for breakfast.

in college, in his graduating year, was by Emeritus, Prof. S. S. Todd, on "Elimination-Tranquilization," as comprehending the science and art of therapeutics. This in passing. Now in this it seems to me, Burggræve will find the secret of his immunity and longevity, in so far as he has been able by his own purposeful action to contribute to these. The colon, the larger bowel, is many feet in length, with absorptive and osmotic vessels and function, perhaps in a fuller measure than we have quite realized. It is the temporary depository of debris of the digested food, and the natural habitat I suppose of some bacteria, whose presence and mechanical operations are not necessarily baneful, yet may of course under certain conditions become so. Burggræve says, and very truly, that they give rise to the generation of gases, and these confined in a tube of the character and construction of the colon may become a serious menace to health, initiating conditions favorable to disease, only waiting the advent of the necessary inciting cause. We will not have exhausted our study of the sources of autointoxication until we shall have investigated at greater length this field. The complicated process of digestion, stomachic and intestinal, is about completed when the food material reaches the lower bowel, and if any part yet remains of absorption and transfer of nutrients into the blood and other channels and interspaces, it is rapidly accomplished. This being completed, the continuance of the debris in the colon, facilitating the multiplication of microbic life and the generation of poisonous gases, may be fraught with the most serious of consequences. This great tube, its size, form and position, favorable to and inviting easy cleansing, will more

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and more press this demand upon us. It is no idle boast that we as a nation, lead the world in the use of the bathtub and the fountain syringe, and the possibilities for good in the use of the latter have by no means been entirely exhausted. And the time is rapidly approaching when the ablution of the colon will form an invariable part of an American's daily toilet; the experience of its exhilarating pleasure alone will make it popular.

But further, the colon laden with feces, and with the usual tardy and sluggish evacuation of the lower few inches only, even with the most exemplary of digestive and defecative functions, leaves a lurking nidus of disease-inviting conditions. But with the very frequent and far from exemplary conditions prevailing, the kinds of food consumed without thought or reference to anything much more than the gustatory pleasures of their ingestion, and the conditions entailed, we are confronted with problems whose proportions are vast and whose ramifications are bewildering.

Nor can we stop here and at this; we are confronted with other matters requiring consideration; the various lymph and other fluids circulating in their channels and in the interspaces, containing the nutrient supply for the various tissues, and in generation of the forces of the economy, with the secretions carried to the different mucous and other membranes of the body, which having served their purpose and giving way to new supplies, must in part be passed on with other effete matter into the channels of elimination by means of the kidneys, the skin, the colon, etc.

The constant engorgement of the lower bowel, save the slow and insufficient

For Insomnia with disturbed equilibrium of granules on going to bed. Try it also if you have

emptying of the lower few inches, clogs up the sluice ways and dams back, reversing and rendering inefficient the normal processes, so that a vivid imagination is not required to paint the frightful perversion of life phenomena that may be thus induced. Was it not a seer's vision that led Dr. Todd, of the Kansas City Medical College, to point out as he did the immense importance of this principle of elimination? The nullification and I may say abortion of the primordial life-phenomena issuing so disastrously, among other ways, as seen in "nervous prostration" and "nervous collapse," may have its rise here.

I think we could well afford to turn our instruments, microscopic and intellectual, to this region of the medical heavens, and let bacteria take care of and amuse themselves for awhile; for if they have capacity for amusement we must certainly have afforded them both the means and the inducement to disport themselves at our expense. The microbe has his role to fill, and a big one too, considering the dimensions of his person, but it strikes me that while we have been fortifying imaginary weak defenses and rallying against imaginary attacking forces, the real body of the enemy has been steadily advancing toward our citadel along lines we have too much overlooked.

I do not know how far or to what extent Burggræve appreciates or depends upon the principle I am exploiting, but I veritably believe, whether he does or not, that nine-tenths of what he has obtained by his own use of prophylaxis and "system of longevity" comes from this principle. His unceasingly operative use of the system of elimination, backed by his undoubtedly excellent vital endowment,

the circulation, give three Dosimetric Triad "caught cold." It's a sure abortive.

has secured to him what he so justly prizes. His idea of immunity and longevity secured by the saturation of his tissues with arsenic, etc., is without the shadow of foundation in scientific reason and fact. And should he offer as proof of his hypothesis his own case, I will turn him over to my friend Dr. Elmer Lee, of New York, who will cite him a dozen instances to his one, of an equal immunity in exposure, on this principle of elimination alone, and an elimination

acquired without even the use of a laxative.

In our present conditions the use of the Saline Laxative is a veritable godsend in securing this most important and essential condition of elimination. The use of the alkaloids, as against the cruder drug medication, is a stride in advance half a century long, and the jugulation of disease is putting on the topstone with rejoicing.

Kansas City, Mo.

* * * * *

CUTTING SHORT AN ATTACK OF TYPHOID FEVER.

(Myself the Patient.)

By C. S. Cope, M. D.

Read before the Union Medical Society of Northern Michigan, at Baldwin Lake, August 13, 1901.



IT MAY seem presumptuous for me to say that an attack of typhoid fever can be aborted, for the teaching and traditions of our craft do not hold this way. You will bear with me for the frequent use of the personal pronoun I, as it is with what happened to me that we have to deal.

A sketch of the prodromal symptoms is necessary to make a complete picture. In May last I was visiting in Detroit, and the eastern and southern part of the state, and somewhere in my itinerary I met the typhoid bacillus—or he met me—and I became his host—not willingly nor consciously—nor for some time was I aware of his presence.

Shortly after my return, however, I became very actively engaged in practice, and my mind became very acute. It seemed as if everything was of easy solution, and also that the utmost haste was required to dispatch each case. Did

the telephone ring, as if compelled by some hidden force I hurried to the house of my patient, and yet there was no need of such haste.

My appetite became variable. I had a coated tongue. I was at first constipated, and a thin pea-soup diarrhea developed. Still I did not give up work, nor dream that I was to be ill. I had never been sick in bed two days in 27 years, and why should I be sick now?

I flew around town like a racer. On leaving my patient I would ride home as fast as I could. The sand would half unhorse me, but with one foot on the other pedal would hop along until I caught the lost one, and away I would go down hill and around corners that in my saner moments I would never have undertaken.

Finally, the day before the climax, I was called to a confinement case late in the evening. Found the os as large and as hard as a martingale ring, with the liquor amnii all gone three days ago, and no pains of any consequence. Face pre-

For the Itching of Jaundice give pilocarpine enough to cause slight sweating. In how many other forms of itching is it effective?

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sentation. Here was a fix. Gave some remedies. Said I would go home and they could call me again when the pain came on. This was at 3 a. m. Meanwhile I was dreaming all night of foot and breech presentations and podalic version.

On reaching the patient I found but little progress. Gave some more remedies and went home, so they could get the children up and through breakfast and not have them see the doctor. It had rained in the night and I was wet, so that my clothing was quite damp. On returning I got out all my obstetric instruments, although I knew all the time that I should not use them. I placed the patient in the knee-chest position, dilated the os by manipulation, caught the head in my hand, and with bimanual exertion succeeded in correcting the presentation. The labor came on and the delivery was completed without further incident.

This was a siege, and in twelve hours from that time I was in a chill that lasted twelve hours. My diarrhea had stopped and I realized that I was sick. The peculiarity of the fever, the headache, the short cough, the tenderness in the right inguinal region and some gurgling on pressure, were symptoms sufficient to confirm the diagnosis.

The night of my chill we had company, and a guest in the house had been endeavoring to develop some kodak pictures. In order to do this all the lights in the house were put out, and the rooms were in darkness.

My room is somewhat removed from the rest, so I was alone some hours. When my wife came to the room at midnight, I told her that I was sick, had been in a continual chill, and when I used the

clinical thermometer I found a fever above 100. I told her that it would be necessary to take active steps, and had her bring to me a can of Abbott's effervescent seidlitz salts. Of this I told her to give me a heaping teaspoonful every three hours in a glass of water. I told her to give me a ten-grain powder of Cafbromalid and a laxative tablet of aloin, belladonna, cascarin, gingerin and podophyllin, every three hours, and to keep this up no matter what my mental condition might be, until I got the bowels well cleaned out and the fever under control. This she did faithfully, although now she says she would not do it again, as I was too delirious to know what I was doing. I remember I said, "the thing to do is to clean out and clear up."

The following day I refused to eat, for I said "the typhoid germs live on our food; and not the germs but their secretion, or what exudes from their bodies, furnishes the toxins that poison the blood and produce the fever." In the forenoon the bowels began to loosen up, and it was a pouring flood. The odor was dreadful, but I kept up the action and took an occasional dose of laxative during the day; also, began with the intestinal antiseptic tablets every hour, continuing till the stools were odorless. No food was taken for forty-eight hours, and no water except as the medicine was given. I was able all this time to wait on myself, as my room was adjacent to the bath-room.

When I broke my fast it was only to eat zwieback—that is the driest kind of bread. Our friends at Battle Creek have done a good thing in introducing this famous German bread to us. It has no comeliness in form or looks to commend it, but I knew that the high heat to which

In Metrorrhagia, give hydrastinine four granules daily, and during the menstrual week add atropine and rest in bed. Buckley's Uterine Tonic for continued treatment.

it had been subjected had converted the starch into dextrose, and that the saliva would convert that into dextrin, and that the intestines would not be burdened with this food. So I chose it and was not disappointed. And I can say to you that I know of nothing that will bring moisture to a dry mouth so quickly, and with such a sense of gratification, as the mastication of a piece of zwieback. You have the satisfaction of chewing. There is no hurry. You take your time and are satisfied. Later I added Malta Vitæ with cream, but for days these were all I took, although importuned often to take something to eat. In five days the fever was under control, but it took nearly two weeks in bed to overcome the shock and exhaustion.

This is a simple story. The three D's did it. Someone is responsible for the saying that Drainage, Disinfection, and Diet will cure all diseases, and he calls them the three D's. My motto (learned somewhere), to "clean out and clear up," is in the same category.

There are some things connected with this case which may be of interest from a clinical standpoint, as well as from the psychologic bearing they possess. How true it is that the mind trained for years to follow certain lines will continue to do so, although deflected by fever or delirium.

The days and nights of my delirium were times of singular interest to me. I thought I had been captured by a squad of brownies, who had wrapped me up in a sheet and dropped me from the top of the house, down through the roof of the wing of the building into my bed, and that I was lying on a hillside with my head down hill, while they were kicking up their heels and having all sorts of

In Subinvolution, enlarged spleen and other berberine gr. 1-6 three to ten times daily.

fun at my expense, as they ran along the edge of the roof. This was what I saw when I shut my eyes.

When my eyes were open, the familiar figures on the wall-paper resolved themselves into grimacing faces, with white eyebrows and green hair, and with heels and hands flying were dashing at me from three sides of the room, while the figures in the border were giants of the same type. So that, eyes shut or open, I had visions that are vivid to this day.

It seemed to me that it was decided that I was to die, and that I had settled all of my affairs. I remember the satisfaction that I felt when the life-insurance policies were brought out and I directed their distribution.

The parting with my family I pass over, as too sacred for publicity, but I remember having about me my business friends, those who had befriended me, and to whom I expressed in as clear terms as I could my high appreciation of their many kindnesses. Also, I called to me all my delinquents and demanded an immediate settlement. They all came, each with his account; it all seemed to be in bills, about the size and shape of bricks. These I would take and toss under the bed. All were paid but those of one man and woman to whom I had rendered special service, and these demurred. I remember to have said: "You must pay. I am about to die and if you do not pay I will haunt you." This scared them. They paid the money, when I said: "I will appear to you but twice—once very soon, and once to you both just before you die, not as an avenging angel but as a friend."

Then there would be a lapse, and I would be apathetic, when I would find sitting by me a man anxious to know

chronic enlargements of glands or tissues, give

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about the future. I said: "There is in the John Day River country in Oregon, a canyon 3,000 feet deep, where are preserved the remains of the fauna and flora of that region since before the time when the Rocky Mountains were soft mud. Here are fixed the plants and animals in petrifications, and they can be studied as deposited. So it is with a man's life; like these petrifications his actions are fixed and unalterable, and remain as a record to be read."

Again, a second person came and asked: "What of your life?" I pointed to a valley between mountains, where, half way up the sides, partly filled with mist, were fifty pieces of the most beautiful hand-painted china I had ever seen. The one farthest from us was partly uncovered, and in its center was the impression of a baby foot, pink toes and dimples in perfection. A moment and it was gone, and another was shown whereon were two chubby foot-prints. Later one was shown where a boy had slid clear across the plate, and later crooked slips, and later more manly strides, still later a steady march, and lo! the last one close to my bedside was my own shoe, square-toed and half worn down at the heel, just as I had stepped out when called to leave my work.

Again, a third came with the same question. I answered: "Death has telegraphed from Stanton Junction that his train is on time and that he will call for me at Ionia. I am ready and will step aboard the parlor car, ready for a delightful journey to the shadowy land of the immortals."

The idea of death was ever present, and I thought I had but a short time to live.

It seemed I telegraphed a brother in

For Biliousness from sluggish liver or over-eating, give a granule of emetin every hour until slight nausea supervenes.

California: "Dear Will: Am going to die with typhoid fever. Good bye and God bless you." Soon came a telegram: "Coming. Wire me first train east from Ogden." Then followed the sending and receiving of telegrams. I could see the messages I sent, watch the operators as they ticked the transmitter, see the message in transit, and watch the operator receive it. I saw the train coming east through the gorges and down the long grades. It stops and starts the flying messages. Then all was lost in other things that came in to fill the blanks.

When at last I did wake to full consciousness I was as one come from death. The world seemed new and so different. I had passed, as it were from death to life. All the care I had formerly known was gone.

I took no thought for self or family, nor of time, or space, or business. Oh, the joy of it all! Just to lie between those snowy sheets on downy pillows and rest! I was as care-free as in the days when I was a boy and took no thought for the morrow.

About the second day of my sickness my wife became very much alarmed and said she would call in another doctor. I told her all right, I had no objections. We had visiting us at the time a young physician but recently graduated from an eastern university of high standing, and we decided to have him in consultation. He was called in the night, and I said to him, "Doctor, I have aborted an attack of typhoid fever. You have the results of an abortion to care for, and you know that a miscarriage is often more difficult of management than the original trouble."

He said: "If you have aborted typhoid fever, I will have to rearrange my knowl-

edge of pathology, for I have been taught that it is impossible to do this." He was a well-informed man and was also ready to learn. He had visited my son the year before, and while at my home was pleased with my way of practising medicine. So, last winter he wrote me, asking if he might come to me and be with me for a few months to learn some of the methods I had adopted. I told him I was not orthodox, and that I could not in a short time impart to another what had taken me a lifetime to acquire. He said: "I care not for orthodoxy if I can learn anything that will assist me to be a better physician." So he came, and I had been doing what I could to teach him what I knew of biochemic or tissue-remedies, of homeopathic tinctures and dilutions, of alkaloids and glucosides, of specific tinctures, of patent and proprietary, of home remedies, and the combination of all in one useful agency to cure disease and alleviate suffering.

Now, my friend of the regular school, you may think this is just a little too much; but let me say to you that there are many things you can learn that will be satisfactory to you once they are yours. It will not do to say: "I am fully satisfied with what I have and have no need of more." This is not the answer a full-rounded man should make. I address twentieth century physicians, who have behind them all the prestige of the nineteenth century; and the most of you have had the chastening discipline of the past twenty-five years, in which more than one so-called medical gospel has been overthrown and called heresy.

This has been often repeated and the end is not yet, but we are pushing on towards perfection.

It will not do for you, Doctor, to say

For Hay-fever and Asthma, give strychnine arsenate to full effect, if it takes a grain a day, and spray with Euarol.

of the homeopath across the street that he is an old fool or a quack. He has practised in the same town with you for twenty years. He treats Mr. Smith and you treat Smith's brother. He treats Smith's children and grandchildren, you treat the corresponding generations in the brother's family. Now you are on the same parallel of latitude, the climatic conditions are the same, soil and sewage alike. The same grocer, baker, and merchant supply your patients. They have the same diseases, and yet you treat one way and he another. His success is as good as yours, his house is as good as yours, and I believe his horses are a little faster, and he is as much thought of in the community as you. Now, instead of getting mad and sore about him, why not go over the fence and see what kind of guns and ammunition he uses. You might improve some of your own. Or, if you did not want to do this, go to Grand Rapids or Chicago, and learn about it, or get a full line of books and medicines and take a four-years' course in the privacy of your back office. I believe at the end of that time you will be a broader and a better man, and your practice will not have suffered a whit by it.

And you, my homeop. friend, do not arrogate to yourself too much. There is much for you to learn. You recall that case you had, when the girl in the hotel lay so long, and you gave her low dilutions and high potencies, but she failed, and you were obliged to say: "I can't help her," when that regular around the corner was called in. Yes, I know he is seedy, and his coat collar is greasy and he looks dilapidated. His medicine cases smell dreadfully, and he is a sort of back number. His habits of slovenliness were

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made so when he went to college, and he allowed himself to drift into untidiness. This we deprecate, and wish a military training school were in every institution of learning. But you should have seen him on that case—palpation and percussion, chemical and microscopic analysis, a complete briefing of the case, and then massive doses, and lo! the girl is to-day the picture of health. Now, do you get the regular books and try the four years' quiet reading in the back office.

On looking up, I see there are others interested in what we are saying. "Come in, brother," I call to an individual who wears a red feather in his cap, and has a chip on his shoulder, and calls himself an Eclectic. "Oh," he says, "What is there in this for me?" Come and see, but first let me introduce to you my young friend here. His name is Alkalometry. Never mind his blushes, for he is young to be in such company, but he has in his head some things that may be of interest to you—the active principles of the drugs you are so very sure of. He will prove to you that no two bottles of your specific tinctures are of the same strength, and that in order to be specific in deed as well as in word, you must have the living, palpitating, active principle of the drug. Give it in the minimum doses, oft repeated, till effects are obtained. Suppose you try a four-years' post graduate study of the alkaloids in your back office, and report to me here on the shores of Baldwin Lake, in the year of our Lord 1905.

But this is a digression. My graduate friend was very kind to me. I complained to him of borborygmi and tenderness in the bowels, and tympanites. It was so distressing at times that I thought my abdomen was as big as a traveling trunk, and as red as a boiled

lobster. A nonsensical rhyme kept going through my ears: "Abdomen, abdomen, aldermanic abdomen." It seems that I thought of the treatment of lard and turpentine, but was hardly clear enough to tell what I wanted till I told the doctor of the rhyme, which was as follows:

"One of one and six of one,
Mix them, lard and turpentine;
Mix them well and rub it on
The aldermanic abdomen.
Abdomen, abdomen, the aldermanic
abdomen."

This silly thing kept repeating itself over and over, till I would rouse partly to find my abdomen tired from one position, and would change to another.

The doctor said: "We will use turpentine stupes." I said: "Doctor, get a bottle of terebinthina and bring it here." Of this I put twenty drops in a glass of water and told him to give me one teaspoonful every half hour. When the glassful was used the soreness was gone, and no stupes used either.

Again, I suffered from the tired aching and sore lameness typhoid patients so often complain of. Finally, I told the doctor to get me a bottle of tincture of arnica. Of this I put ten drops in a glass of water, taking one teaspoon dose every half-hour, and had the soreness and the tired feeling soon under control. To some this will be a revelation, while there are many with whom this is the usual procedure in such cases.

I have tried to set forth the salient features in this case, and to group about it the things that will help us to fully understand the case and its treatment. It has been my custom to cut short cases of typhoid fever that have come early

In treating Alcoholism, when the patient can't sleep, give one grain of emetin on going to bed, swallowing the tablets whole without any liquid. Whether it stays down or comes up it will do good.

under my care, and in those that were well developed before coming to me, have been able to modify and shorten them.

In my case there were the prodromal symptoms, a slight fever and restlessness, and acute mental activity in the beginning, the intestinal disturbances, the gradual rise of fever, the headache and hebetude, the delirium and the coma vigil, all crowded into the picture. I really think, from the severity of the attack, that I must surely have succumbed

had not vigorous measures been instituted.

Abstinence from food, a complete flushing of the bowels till the villi are made to completely empty their contents into the bowels, and the intestines made to throw it from the system, charging the blood with sulphur from the sulphocarbonates, complete rest in bed, and careful regulation of diet, and there is not much need of other medication either internal or external.

Ionia, Mich.



THE PHYSICIAN AS A THERAPEUTIST.

By W. H. Baldwin, M. D.



THERAPEUTICS relates to the treatment of disease, and includes the discussion of all matters relating to the science and art of healing. Not only does it consider the application of medicines to the alleviation or cure of disease, but it embraces the employment of all other agents which are capable of contributing to the accomplishment of that result.

The operations of Nature herself, the actions of the various substances described in the *materia medica*, also those of food, clothing and climate, heat, cold, electricity and all other remedial forces and measures, are all included in the term therapeutics.

It is not my intention to discuss the subject in all its phases, but only that part which relates to the administration of drugs by the physician for the alleviation or cure of disease.

I desire to state at the beginning of this essay, that I decidedly and emphat-

ically believe in the efficiency of drugs. That I believe that for every disease to which flesh is heir, nature has provided a remedy if we only knew what and where it is and how to prepare it. That nature for some reason is continually plotting against us is true, but that she has furnished a means of escape is demonstrable. Nature provided the crow with a taste for carrion, not to feed upon the farmer's corn but to purify his surroundings. Upon reading a report from the Agricultural Experiment Station of my state some time ago, I learned that it was not an overabundance of the fly that has devastated our beautiful wheat-fields this year, but a lack of the worm that lives upon the egg that produces the fly. So where nature lacks she always furnishes a way of escape, and it is for this that we as mortals are continually struggling in some form.

That there is a tendency on the part of a portion of the profession, and especially our surgical brethren, to belittle the use of drugs and claim there is nothing in them, I am aware. To carry around the

In all cases of Gleet, when calcium sulphide has been too small. Give two grains every waking hour if necessary. If this fails add to each dose one granule of arsenic sulphide.

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medicine in the vest pocket, or a little hand-case 3x8 inches, seems to lend a more scientific air and to attach to one a bearing of closer professional discernment; but I desire to state, such is not the case by any means, but it simply shows that the bearer has limited his stock of drugs to those whose action he knows, which is at least a display of good, honest judgment.

One of the first things I heard from an old practitioner of twenty years, when looking over my stock of drugs soon after my advent into the profession, was, "you will throw all those (referring to my drugs) away but about a dozen, after you have been in practice a few years." Association with him since has shown me the cause of his opinion. Dr. Oliver Wendell Holmes said that when a young man began practice he used a hundred drugs, but after he had been in practice ten years he used ten drugs. Dr. Holmes was not calculated for a physician, as his later life has shown.

Materia medica is always the bane of the student's life. Hard and dry, he usually acquires a distaste for it, which never leaves him. When first beginning the study of medicine I applied to our family physician for the loan of his textbook. He said he hadn't any, as he had given it away to a young man who was going away to college. 'Twas he who told me I would use but a dozen drugs; but such has not been the case. Why, my fellow Doctors, *materia medica* is the base of our profession. I know that anatomy and physiology are the fundamental principles upon which we base a diagnosis; but what does a man care for a diagnosis who has a pain in his belly? It's relief he wants, and that is what we are called for.

In all Neuralgic paroxysms, remove the blood from the nervous centers by atropine and aconitine, a granule each every 15 minutes, but do not forget how many of these are auto-toxic.

When visiting a friend of mine one day a lady came in. He conducted her to his private room, and soon returned to his drug-room where I was sitting. He took down the calomel bottle and dealt out her prescription. Soon a gentleman came in, and he dealt from the same bottle, labeled calomel. Soon a lady brought in her little girl, and down came the calomel bottle. He made in all six prescriptions and every one was calomel. No doubt that man could get along with a dozen drugs. I am willing to admit the efficiency of calomel, and that perhaps 50 per cent of all our cases are but suggestion, but I will contend for the intelligent use of drugs in the other 50.

Since beginning this paper I have taken occasion to drop into the offices of a few of my professional brethren, and asked the privilege of the use of their library. I find the *Materia Medica* and *Therapeutics* to present the appearance of being the least used of any book in the lot.

In studying the use of drugs, one should take those of a like nature or group, and search them as a class, learning their different peculiarities and how they differ from one another. For instance, the physician who limits himself to one of the coal-tar products limits his defense. Each of the principal products derived from that source possesses certain characteristics peculiar to itself, which peculiarity many times perfectly fits into the niche of the case in hand.

Let us compare antipyrin, acetanilid, phenacetin and salol. All belong to the phenol group, and possess the power to lower temperature and relieve pain, but each possesses distinct personal characteristics. Antipyrin possesses an advantage in being less depressing, and its ac-

tion extends over a longer period than acetanilid, and it has a more marked effect upon the temperature. Acetanilid possesses greater analgesic power, having a more decided effect on the nervous system, subduing the pains of neuralgia and locomotor ataxia. The dosage is much less, as also the cost—two not unimportant points. Phenacetin is safer for children, while salol possesses greater antiseptic properties, being insoluble in the gastric juice it is dissolved freely in the intestinal juices, making it of great value in all forms of microbic infection of the bowels and bladder, especially the latter. Thus the physician who confines himself to one coal-tar product is limiting their usefulness as well as his own.

Opium possesses distinct advantages over morphine, in that it is more stimulating, more constipating and more diaphoretic, while morphine is more decidedly hypnotic and anodyne. Codeine is calmative, produces sleep freer from disturbance and less intoxicating, but with beautiful effect on the pneumogastric, quieting cough. I wish to particularly commend this opium derivative. It has with me largely taken the place of the other opium preparations, and I have yet to see the first codeine fiend, although I have been told they do occasionally exist.

Digitalis and strophanthus have materially the same effect upon the heart-action, but the effect of one is caused by its action upon the arterioles and the other by its action upon the cardiac contractions themselves. Thus we find cases where one drug is of great value and the other valueless.

The physician's skepticism as to the value of drugs is not due alone to a lack of the knowledge of them, but they fail

In all Fevers 40 per cent. of the symptoms emptying the bowel and rendering it aseptic. This reduces the attack to the category of mild or abortive cases.

him many times because they have deteriorated in strength and are inert. At other times the physiologic effect of the drug must be obtained and prolonged, and drugs are administered in too small doses, individual susceptibility varying. But the impurity and inaccuracy of the drug is the main cause of skepticism. In this connection I wish to mention the alkaloidal system as worthy of your attention, study and trial.

To sum up:

1. Drugs do possess the power to alleviate and cure disease.
2. For every disease there is a drug that will alleviate or cure.
3. Drugs of the same group possess certain characteristics that give them special value according to the case.
4. Skepticism comes from a lack of knowledge of therapeutics, inert drugs, and mistakes in diagnosis.
5. A more precise action and uniform results can be obtained by the use of the active principles including the alkaloids.

Quincy, Mich.



"As I looked at the hospital wards today, and saw that seven out of ten owed their diseases to alcohol, I could but lament that the teaching about this question was not more direct, more decisive, more home-thrusting than ever it had been. . . . Can I say to you any words stronger than these of the terrible effects of the abuse of alcohol? It is when I myself think of all this that I am disposed, as I have said elsewhere, to rush to the opposite extreme, to give up my profession, to give up everything, and to go forth upon a holy crusade, preaching to all men—*Beware of this enemy of the race.*"—Sir Andrew Clark.

are due to autotoxemia and are removable by

TYPHOID FEVER.

By W. C. Buckley, M. D.



MISS S. B., 23, was sick for one week before calling me. Found her complaining of extreme languor, pain in back and sore all over, profuse perspiration, quickened respiration and a temperature of 103 degrees. Until the day of defervescence, which was the fourteenth from the day I first saw her, the temperature ran a low average, rarely reaching 103 degrees.

Treatment: Had her put to bed and ordered cool spongings with pure water, and to be given cold water to drink when desired. Bowels being torpid, calomel gr. 1-5, ipecac gr. 1-10, soda bicarbonate gr. 1, were administered every two hours until relieved. The only intestinal antiseptic used except the calomel to relieve the torpid bowels, was 1-6 grain of zinc sulphocarbolate every two to three hours. When the temperature was at its height a dose of Thermol was given, which usually brought it down a degree or more in a short time. Strychnine arsenate was used through the whole course, in doses of gr. 1-67 every four hours. The diet at first was milk and broth, and a little later junket and tapioca. After convalescence was established she was permitted to take in addition malt breakfast food, soft cooked eggs, grape nuts and crackers.

This simple diet seemed to be all that was required, as there were no serious complications to contend with, and on the subsidence of the fever there was an absence of the asthenia usually seen at this time. Indeed, she was bright and happy, enjoyed her food much at this

Always keep iodized calcium on hand. When you want it for a case of Membranous Croup, you want it in a hurry. It is good for many other things—all iodine indications.

period, and was anxious to be permitted to get out of bed to sit up.

Some would not be satisfied with the small dosage of these medicines, but why give more when the patient does finely on less? I admit it is not usual to rely on so little, but the physician who accustoms himself to using alkaloidal remedies for a while will soon get away from the traditional methods. As medicines, the vital incitants of the dosimetrists, such as the arsenates, are all that are required to carry a patient through a typhoid case successfully. I admit the great value of the majority of other intestinal antiseptics, in all cases of enteric fever, the sulphocarbolates of lime and soda especially. But they are I must acknowledge of vast service in the everyday practice of physicians, especially in the almost endless variety of dyspeptics we meet. While saying this I am never forgetful of the great cleansing and eliminating power of the Saline Laxative.

As my friend Dr. Brodnax truly says, when speaking of one of my articles on the Seidlitz in the *Med. Summary*: "Just so, now put Bro. Buckley's seidlitz salt and nature together, and we have a team that is one." Again he says: "Now put seidlitz salt, nature and substances with no animal fats together, and we would live to Dr. Burggräve's limit of 100 years easily." Again, where do the thousand and one drugs and chemicals used come under this dispensation?

PELVIC DISTRESS.

A young woman, 26, who previously had been well, came to me complaining of pressure and a sense of weight in the pelvis, which she supposed was due to a

displacement of the womb, the result of jumping, heavy lifting and reaching, in the store where she is employed. Lately, her menses had been tardy and when they did appear it was with considerable backache and bearing down. The flow was scanty and preceded by a discharge, yellowish in color, attended with frequent burning and desire to urinate. Not wishing to make a gynecologic examination at once, I ordered rest and an anti-septic vaginal douche, which she did not take, and internally one of my Uterine Tonic pills, with two granules of strychnine, to be repeated every four hours.

When the patient returned four days later, I found her better and ordered the same treatment continued. It is now three weeks since my first prescription, which has been still continued and with success.

The much-needed reconstruction of her tissues can only be brought about by a change of air and a rest from daily rounds of work.

INCONTINENCE OF URINE.

I recall two cases which recently came under my observation; the first a boy of four years, in appearance healthy, but

he had had incontinence (nocturnal) for six months.

The treatment was merely the administration of atropine, one granule gr. 1-250 every four hours during the day. He was cured in ten days; and now, six months later, remains well. A second case of one year's standing, a boy three years old, received the same treatment; the atropine, however, was given every five hours the first day, which improved his condition. Then it was given but once in six hours. He was cured in one week, and is still well, now, several months since.

I have known children of a similar age to be under treatment of the traditional schools for two and three years without relief. In my opinion this remedy acts by its direct influence (sedative) upon the mucosa of the bladder. This of course holds true only in cases where there is no urinary alteration to keep up the irritation. When, however, such is the case, as for example a highly acid urine with an increase of urates, lithium benzoate is indicated, two or three granules every two or three hours.

Philadelphia, Pa.



THE SPECIFIC GERM OF YELLOW FEVER.

By J. M. Hawks.



THE LEADING article in the July *Popular Science Monthly*, from the pen of Surgeon General Sternberg of the U. S. A., very clearly sets forth the nature of the experiments lately conducted in Cuba by a committee of army surgeons, with a view

to ascertaining the mode of propagation of yellow fever. These experiments proved conclusively that the specific germ of this disease may be carried by mosquitoes from the bodies of the sick to those in health. The insects of the species known as culex, were allowed to fill themselves with the blood of persons sick with the fever; then after a few days for incubation these same mosquitoes were al-

For Fainting and all sudden attacks of Heart-weakness, give glonoin for speedy effect and one of the heart-tonics every 1 or 2 hours to prolong the action.

The Alkaloidal Clinic

lowed to bite persons in health; and 80 per cent of those thus bitten were inoculated with genuine yellow fever, and had a regular attack of the disease.

Having proved beyond a doubt that yellow fever is transmissible through the medium of mosquitoes, this committee next turned their attention to other supposed modes of transmission of the disease.

It is commonly believed that this disease may be carried in infected clothing, or merchandise from an infected locality, and given to persons in health. In order to test this matter, soiled clothing and bedding that had been used in a yellow-fever hospital was packed up in tight boxes for several days and then freely used to wear and to sleep in, by Americans non-immune and liable to take the disease, and not a person was afflicted by this exposure. In view of these experiments and their results, Surgeon Sternberg is led to say that there is no danger from yellow fever spreading from a person sick of that disease, if there are no mosquitoes present, and no danger from the mosquitoes when there is no yellow fever present.

Now in relation to this last-named experiment, I have a few words to say: The experiment was not conclusive. It did indeed prove something of great value, viz: that sometimes physicians and attendants have nothing to fear from the care of and handling of the sick. Coleman says that during the epidemic in Memphis, Tenn., in 1878, 5000 people died. Of 45 physicians who came as volunteer aids from the country, only one escaped having the disease, who wisely deserted. Thirty physicians were buried in less than thirty days.

But the experiment does not prove that

mosquitoes are the only means of spreading the disease. Neither does it prove that the excretions of the sick are not the most common carriers of the fever. It would be unsafe to deduce a rule or a theory from a single experiment. Other experiments must be tried, with varied conditions. Probably the excretions of the sick do not contain the proper food to nourish the germ. The fecal matter of the patients containing the fever germ probably needs to be exposed in the effluvia of decomposing excrementitious matter, or thrown into the same vaults or pits with such accumulations. To have made that experiment a conclusive test, the soiled clothing should have been exposed in an infectious atmosphere capable of imparting the fever to any unprotected persons; whereas there was no such atmosphere, and none of the required effluvia in or about the hospital.

The well-known fact that the fever germs do not pass direct from the sick to those in health, not only allows the inference but forces it upon us that these germs are nourished and fed by some substance outside the body. It seems hardly credible that mosquitoes are the only source of transmitting this disease.

And still the riddle of the sphinx remains unsolved, viz: "What is the specific food of the specific germ of yellow fever?" La Roche, in his monumental and classic work on yellow fever, quotes from or mentions more than a thousand books and titles concerning this disease. Amidst the contrariety of opinions quoted, there is an agreement on certain facts in the history of the disease; facts which have been observed and recorded and which are undisputed. These observed facts lead to the theory that *the germs of this fever can only be developed in a nidus of*

Doctor, can you abort Typhoid? That is what thousands of physicians are doing who are not professors in colleges, but have learned the meaning of the maxim "To clear out and clean up."

human excretions, in a state of decomposition, in a hot and moist state of the atmosphere.

To be of any value, a theory must account for all the known facts and must not disagree with any fact pertaining to the subject of the theory. Now let us see how this theory conforms with the observed, recorded and undisputed facts, relating to the history of the disease in question.

1. Yellow fever is confined to towns and cities, on account of the unfailing supply of the required material always on hand in populous districts, viz: the personal excrement.

2. This fever is confined to seaport and river towns on account of the moisture of the atmosphere of such places. Moisture is an essential aid to decomposition; it assists in developing the germ-seeds, in establishing local points of infection, and in enabling the mature specific germs to move about in the air of infected quarters. The dampness of night air and of muggy weather favors the spread of the disease. Surgeon Sternberg mentions that in Mexico, the cities of Orizaba, Jalapa and Puebla have never suffered from the disease, though they have unrestricted communications with the infected sea-port Vera Cruz. This immunity is not in consequence of lack of filth in the cities above named, but the lack of heat and moisture to decompose the filth. These cities are more than 3000 feet above sea-level.

3. Yellow fever is not contagious or transmissible direct from person to person. This proves conclusively that the specific germs that give rise to the disease are immature and undeveloped when they leave the body of the patient, and must be nourished for a while under fa-

vorable conditions. What conditions I ask, are so likely to develop the immature germs of the pestilence, as the mephitic gases from decomposing human filth?

4. This disease does not spread from cases taken into the country. Why not? Because there is not a sufficient accumulation of decomposing excrement to cause the generation and development of the germ-seeds that are voided by the patient. Besides there is too much motion of the air; too much ventilation. But why do not the mosquitoes inoculate the well from the sick? Or are there no mosquitoes in the country?

5. This fever is endemic in the tropics, where it is at home all the year round, but is most common and fatal in the hottest part of the summer. And whenever it visits sub-tropical or temperate regions, north or south of the equator, it is in the hottest part of the summer of the places visited. This heat is required, with moisture, to decompose the filth which develops the germs.

6. A certain degree of immunity from the fever is attained by living in a hot climate. It seems that by long residence in and breathing the air of a tropical city, the system becomes tolerant of bad odors; and in a certain sense perhaps inoculates with a milder form of fever like dengue, which may lessen the severity of an attack of yellow fever or ward it off entirely.

7. Yellow fever is checked by cold and entirely stopped by freezing weather. This shows that the fever-germ is a tropical product, not hardy enough to stand the frost. This germ flourishes best in the hottest and stillest weather; in all these respects, resembling the yeast plant.

8. Epidemics of this disease occur on

I cannot get along without the CLINIC. I think it improves steadily which is saying a great deal as it has been good since its first number.
Kansas City, Missouri.

W. CHARLES CARROLL, M. D.

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board of ships, while they are in port or at sea; from which we might infer that it does not require a very large amount of decomposing excrement to develop and nourish the fever-germ seeds.

9. Yellow fever is an infectious disease. The germ seeds voided in the excretions of the sick are weak and harmless at first, but when these seeds come in contact with decomposing fecal matter they are soon developed into mature germs, capable of producing the disease and propagating their species.

Dr. Parkes, the English hygienist, quoted by Surgeon General Sternberg, maintained the fecal origin of this disease: "And here," continues Dr. Parkes, "we find the explanation of its localization in the West India Barracks in the olden time. Round every barrack there were cess-pits, often open to sun and air, and every evacuation of healthy and sick men was thrown into perhaps the same places."

Surgeon General Sternberg says: "Organic matter of animal origin in a state of decomposition appears to afford a favorable nidus for the germ; and the accumulation of fecal matter in exposed situations is favorable to the development of an epidemic. Reasons have already been given for the view that the excreta of the sick contain the specific infectious agent." (Sternberg on Yellow Fever, in *The American System of Practical Medicine*).

Concerning the specific microbe Sternberg says: "That the yellow fever germ is strictly anaërobic, or that it will only grow in a special nidus, may be inferred from certain facts relating to the expansion of epidemics."

With the indulgence of the reader and

Aspidospermine only fails when given too gingerly. Give two granules every five minutes for dyspnea.

the editor, and at some risk of repetition, I will try to make the matter clearer by supposing two typical cases by way of illustration: During an epidemic of yellow fever in a tropical city, a resident of the country visits the city, takes the disease, returns to his home, is taken sick there, attended by physicians and nursed by his family, and dies with black vomit and other unmistakable signs of yellow fever. The disease does not spread. Not one of his attendants has the disease. This is not an exceptional or accidental case; it is a universal experience that, whether the patient recovers or not, the fever does not spread in the country.

Now take the other case. The city of Buenos Ayres in South America, a low, level and poorly drained city, never in its history of 300 years had a case of yellow fever. The unsanitary condition of the streets was a constant invitation to the pestilence, but as no seeds were brought, no fever came. The city was "honey-combed" with privy cess-pits from 40 to 60 feet deep, but for hundreds of years there was no fever. At length it came in the person of a sailor from the West Indies, in the year 1870. The fever-germ voided in the excretions of this patient found abundance of their favorite food. From one point of infection the fever spread into a fearful epidemic. As many as 700 died in a day; carts could not be had to remove them and a tramway was built to carry off the dead. Rio Janeiro had a similar first experience about twenty years earlier.

In view of these facts we should realize the danger of allowing personal filth to accumulate in great quantities in hot weather, as the seeds of the pestilence

may be sown there suddenly and unexpectedly.

Lynn, Mass.

—:o:—

Let the investigations proceed, and give full credit to the views based there-

on. But keep on the safe side, and pay strict attention to the well-established laws of hygiene. You will harm no one if you clean out and clean up, and treat the mosquito ponds with kerosene.—ED.



THORACENTESIS.

By Aimé Paul Heineck, M. D.

Attending Surgeon Cook County Hospital; Adjunct Professor of Surgery, College of Physicians and Surgeons, Chicago.

A. Indications. B. Technique. C. Accidents.

BY THORACENTESIS, is understood the introduction into the pleural sac of the tip of a hollow needle, the other end of which is attached by means of a rubber tube to a bottle from which the air has been exhausted. It is an operation of great simplicity. When done with care, and aseptic and antiseptic precautions, it is a benign procedure. "Danger of sudden death during thoracentesis is so slight that it may be practically disregarded"—(Dabney).

Fluid does not run into the aspirating bottle, but is sucked out of the pleural sac; air is excluded, thus bacteria do not enter the pleural sac. Admission of air can collapse the lung, can carry in infected germs. The apparatus which I use is Potain's. It is easy of introduction; should it during the course of the operation become obstructed, it can easily be unclogged.

A. Indications: 1. In sero-fibrinous pleurisy. In the early stages of pleurisy with effusion, do not aspirate in the absence of urgent symptoms, as aspiration in that stage is followed by reaccumulation of the fluid in about 24 hours. If effusion be recent and does not cause much embarrassment, even though it be large,

it is best to use medicinal means first. In adopting medicinal treatment, we are effecting relief in the same way as when the case recovers spontaneously.

Aspirate in sero-fibrinous pleurisy:

a. When life is directly threatened or endangered by asphyxia from compression, or by cardiac weakness and exhaustion, as shown by great dyspnea and by rapid and feeble pulse. Dyspnea alone is not an imperative indication, but if it be persistent, and especially if it tends towards temporary attacks of orthopnea, aspirate. These effusions interfere with the aeration of the blood and also with the circulation. When one pleural cavity is filled with fluid the right heart has more work, as it has to drive the greater bulk of the blood through a single lung; it has to propel the same amount of blood as in health, but through a narrower channel. Collapse of the lung in pleurisy with effusion, by causing obstruction to the pulmonary circulation increases the labor of the right side of the heart. The left heart has possibly to contend against torsion of the aorta, incident to displacement of the heart by the effusion. If the effusion increases very gradually the heart has time to adapt itself to the new state of things. "The cause of sudden death in some cases of pleural effusion

The CLINIC and Alkaloids are gaining in favor with me every day. Long live the editors to continue in the good work.

Walnut Creek, Ohio.

DR. J. G. STUCKY.

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with great cardiac displacement appears to be a kinking of the great veins produced by axial rotation of the heart, and giving rise to impediment of the venous flow."—(Keough).

b. "When the effusion reaches half way up one side of the thorax, if it be undiminished by medical treatment, persistently applied for three or four weeks; and, *a fortiori*, if it have increased in spite of such treatment. Under medicinal treatment we include local applications of guaiacol or of tincture of iodine; the use of diuretics, such as potassium acetate, infusion of digitalis and diuretin; and such saline cathartics, as magnesium sulphate, etc. If the effusion is unrelieved, the organs which it displaces are immobilized in vicious positions, the compressed lung is flattened and insufficiently aerated. The compression of the lung if long continued is likely to injure its nutrition, or at any rate, renders it liable to degenerative changes."—(Allbutt).

c. In effusions of lesser size, when stationary or when spontaneous absorption is unduly delayed. In chronic effusions treatment by drugs is disappointing. In slight effusions reabsorption is facilitated by the withdrawal of comparatively small amounts of fluid.

Patients show as varying a degree of tolerance in bearing cardiac displacement, as they do in bearing pleuritic effusions. Large effusions may exist without causing the patient much inconvenience.

In many cases of sero-fibrinous exudation nature does not bring about a cure. It leaves the lung permanently disabled, with its circulation impeded and more or less denied of its natural stimulant, atmospheric air. The withdrawal of the compressing fluid diminishes pressure upon the absorbents and allows the lung

to expand and to break the still tender bands of exudation that are threatening to permanently disable it.

d. In all pleural effusions which by their abundance threaten the patient with asphyxia, as in effusions due to malignant tumors, chylous pleurisy, etc., etc.

2. Hydrothorax. "This term is applied to a simple dropsical transudation into the pleural cavity as distinguished from an inflammatory effusion"—(Whitney).

Hydrothorax dependent on cardiac or renal disease, when excessive, demands interference, although the dropsy of the pleura is almost certain to reaccumulate. Hydrothorax being always a secondary affection, aspiration is for this condition only a palliative measure. Aspirate, when owing to displacement or pressure, the action of the heart or lungs is greatly interfered with. Aspirate, whenever with the physical signs of pleuritic effusion there is dyspnea, quick pulse, lividity of countenance and the other usual signs of non-aeration of blood. Aspiration relieves the extreme suffering, the embarrassment of function, the danger to life as indicated by grave dyspnea, orthopnea, palpitation, etc., due to the pressure of the fluid on the lung or heart. The withdrawal of the fluid has to be repeated at frequent intervals.

3. As an aid to diagnosis, in pleural effusions of doubtful nature. Especially valuable in children. "Exploration is called for in children in every case in which, with the rational signs of pulmonary disease, we find marked dullness or flatness over any part of the lung, especially if accompanied by diminution or absence of voice or breath-sounds, and displacement of the heart"—(David Bovaird).

For the relaxed form of hemorrhoids with rectal prolapse, Waugh's Anticonstipation granules, one every waking hour, prove very effective.

4. In tubercular serous effusions. In this condition, removal of the fluid palliates the symptoms. It does not cure the disease. If there be coincident extensive pulmonary disease, there is danger of a lung-cavity bursting into the pleural cavity, with resulting pneumothorax.

5. For uses of aspiration in empyema: "Aspiration is indicated when there are large serous effusions in the chest, and likewise in pneumothorax, but cannot be relied upon for relief of purulent collections"—(*McFadden Gaston*).

In empyema aspiration is of value:

a. As a diagnostic aid. In children especially is exploratory puncture of value, as in them physical signs can not always be easily elicited.

b. As a preliminary measure to a more thorough operation. By aspirating a day before operation, the danger of rapid evacuation of a large quantity of pus from the pleural cavity is obviated. It also relieves for a time the pressure on the other lung and the resulting dyspnea, and thus facilitates the administration of the anesthetic for the more serious subsequent operation.

c. In encysted empyema, when the amount of pus is small. Its employment, however, is only permissible in the absence of threatening symptoms. In case of reformation of pus, of persisting temperature, or of immediate return of temperature, resort to a more radical operation.

d. In tubercular empyema, occurring in a young person, and associated with rapidly progressing phthisis, also in tubercular empyema occurring in much debilitated subjects. "If from the pleural exudate pus cocci are absent, and tubercle bacilli are present or no germs at all, threatening symptoms arising from pres-

sure upon the lungs or from displacement of important organs are to be relieved by aspiration of the exudate, more radical procedures being reserved until the patient has gained strength"—(*Lockwood*).

In tubercular forms of empyema, one must exercise great prudence in the choice of operative procedure. If the lungs are known to be seriously diseased, and there is little or no hope of recovery from the pulmonary affection, palliative aspirations are indicated. If the lungs are sound or nearly so, free evacuation and drainage are indicated. In the latter case the possibility of permanent cure depends a good deal upon the ability of the lung to re-expand. The re-expansion of the lung lessens the liability of permanent fistula formation.

e. As a method of treatment, when the patient opposes the adoption of other and better methods.

f. As a palliative measure, when on account of great weakness of the patient (as for instance in those cases in which the extreme septic and almost moribund condition of the patient contra-indicates the administration of even a small amount of anesthetic or exposure to unnecessary shock), thorough operation can not at once be performed.

g. As a temporary expedient in cases of bilateral empyema.

6. Hemothorax. Aspiration in this condition must never be undertaken until sufficient time has elapsed to permit of thrombosis of wounded vessels.

B. *Technique.* 1. Thorough cleansing of field of operation, of surgeon's and assistant's hands by usual modern methods. The aspirating needle and the scalpel to be boiled for 20 minutes in a one per cent aqueous solution of sodium

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bicarbonate. Sterilization of Potain's apparatus. Rubber tubes of aspirator are sterilized by immersing them for an hour in 5 per cent solution of carbolic acid. Use a needle the size of the lead in a lead-pencil. See that your needle is strong enough so that it will not break on introduction into the chest wall. Needle must not be too small as it is then too liable to be clogged. A sharp hollow needle is generally preferable to a trocar both because of its smaller caliber and because its introduction is less painful. I never use the trocar, as I believe that the use of Potain's apparatus is safer for the patient. Prepare your apparatus. Exhaust the air from the receiving bottle so that the suction power will be ample. Failure to observe aseptic and antiseptic methods will often be followed by the conversion of a serous or hematic effusion into a purulent one.

2. General anesthesia is never employed. Local anesthesia can be used; intradermic injection of a 3 per cent solution of cocaine in sterilized water. Injection to be made at elected point of puncture. Local anesthesia is of service in children and in debilitated and very impressionable individuals.

3. If the patient be not very weak, let him assume the sitting posture, which can be changed during the course of the operation to the recumbent should he become weak. If the patient were in the prone position, cerebral anemia would be likely to reach a greater degree before prominent symptoms appear.

4. Previous to inserting the needle, mark with an aniline pencil the point that you have elected for puncture. In multilocular effusion it is necessary to aspirate at several points. It is well before aspirating the pleural cavity to make out the position of the heart and spleen on

the left side and of the liver on the right. This is done so as to avoid inflicting injury on these organs.

The point of insertion of the aspirating needle varies with different clinicians. The essential point is to puncture in a focus of full dullness, and to puncture in the lateral thoracic region. The point of puncture for a non-encysted effusion should be high enough to avoid the costodiaphragmatic gutter. It should be about 2 inches above the lower boundary of the lung, as best determined by percussion on the opposite side, and below the upper level of the fluid. Dieulafoy selects the eighth interspace at a point corresponding to the lower angle of the scapula. At the Cook County Hospital the needle is usually inserted in the sixth interspace, a little anterior to the posterior axillary line. Mark the upper border of the seventh rib with a scalpel, make a puncture or small incision in the skin, plunge the needle in this puncture through the sixth interspace (a little above the upper border of the subjacent rib, so as to avoid injuring the intercostal vessels and nerves of this space) into the pleural cavity. Puncture of the skin with a narrow-bladed knife is done to avoid the carrying of infection from the skin to the pleural effusion. The parietal layer of pleura is sometimes very tough and offers great resistance to the point of the instrument, and sometimes is pushed before it. This is generally overcome by a slight, quick pressure forwards at the moment of puncture. In circumscribed effusions the point of opening varies with the position of the pleural collection. Insert the needle at the point of maximal dullness.

After the introduction of the needle it may happen that there is not an outflow of fluid. This is due to one of the fol-

The granules of Arbutin neatly replace the whole group of plants from which this glucoside is derived—*uva ursi*, *pipsissewa*, *pareira* and *buchu*.

lowing causes; the cause will suggest the remedy:

a. The air in the receiving bottle has not been sufficiently exhausted, or the bottle not being well closed, the vacuum has disappeared.

b. The aspirating needle may be clogged by a fibrinous mass or masses.

c. The needle is stuck in the lung parenchyma or has not perforated the parietal pleura.

d. Mistake in diagnosis.

5. The removal of fluid must be gentle, must be gradual. The slow outflow of the fluid allows the lung to expand slowly without provoking any coughing spells. By means of a graduated flask, you are kept informed of the quantity of fluid withdrawn. Do not remove more than 1200 c. cm. at one sitting. Upon the appearance of any alarming symptom, such as persistent cough, great intrathoracic pain, or syncope, suspend the withdrawal of fluid. The complete removal of a large effusion is neither safe nor necessary. Large aspirations have been responsible for a considerable proportion of the reported cases of sudden death and of pulmonary oedema. Dieulafoy could find no cases of death from aspiration in which not more than 1200 c. cm. were withdrawn at one sitting. Besides, large aspirations are not necessary; a small aspiration is usually sufficient to inaugurate the rapid absorption of an effusion hitherto stagnant. The fluid that is left in the pleural cavity is often very quickly absorbed without necessitating a second aspiration. Partial tapping restores the absorbing powers of the pleura which were greatly interfered with by the pressure of a large effusion.

Rapid withdrawal of large quantities of fluid can cause:

a. Pulmonary oedema of the com-

pressed and also of the opposite lung.

b. Cerebral anemia and syncope—due to withdrawal of the accustomed pressure on the heart, and to rapid afflux of blood to the expanded lung.

c. Pulmonary embolism. (Rare).*

After a sufficient quantity of fluid has been withdrawn, remove the needle, and seal the wound with aseptic cotton and 10 per cent iodoform collodion. Apply a wide bandage snugly encircling the chest. This bandage compresses the thoracic cage, limits its amplification and by considerably restricting the expansive action of the ribs gives the patient a sense of well-being. After thoracentesis, the patient is to be confined to bed for twenty-four hours.

To promote lung-expansion the following exercise in respiratory expansion is highly recommended by Osler: Two one gallon bottles are filled with tubes like an ordinary Woulfe bottle, and connected so that by blowing into one the water contained in it is forced into the other; from this it may be driven in like manner into the first bottle. Only one bottle is emptied daily at the outset, but a steady increase can be made according to the patient's strength. Inspiratory efforts should not be so forcible as to occasion emphysematous changes in the sound lung.

C. Accidents: 1. Wounding of intercostal vessels. Rare, as the vessels lie in a groove running along the lower border of the upper rib of the intercostal space. If hemorrhage does not stop spontaneously, treat as you would any other intercostal hemorrhage.

2. Puncture of rib. If the needle be aseptic, it is not followed by complications. It is not necessary to remove the needle and make a new puncture; just change the course of the needle.

3. Puncture of pericardium. Will not

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occur if the needle is inserted in the mid-axillary region.

4. Puncture of the diaphragm. Do not insert the needle too low. Aspirate high enough to be out of the way of the diaphragm, which moves upward as the fluid flows out.

5. Rapid reproduction of the effusion. Will necessitate a new aspiration. After aspiration, make use of those medicinal measures that tend to prevent the reaccumulation of serous effusions, viz.: Catharsis, diuresis, limitation of fluids ingested, cardiac stimulation, etc., etc.

6. Embolism. Emboli are let loose by expansion of the lung. Thoracentesis hastens the process, which would occur at all events when the lung expanded. This should encourage us to operate early before thrombi are formed.

7. Great intrathoracic pains occurring during aspiration are usually due to distention of the pleura when the compressed lung returns to its normal volume. Suspend aspiration temporarily. If the pain persists, withdraw the needle.

8. Coincident with introduction of the needle, coughing usually takes place. It is due to wounding of the costal pleura. Do not check moderate cough, as it is usually the result of healthy expansion of the lung. If the cough persists, suspend for a few moments the withdrawal of the fluid, and as soon as the cough stops, resume the withdrawal of fluid. If the cough shows no tendency to stop, withdraw the needle and seal the point of puncture. Its occurrence during aspiration is due partly to contact of the needle with the lung, partly to pulmonary congestion, but chiefly to the contact of air with the bronchi and bronchioles. The latter have become unaccustomed to the contact of air, owing to their compression by the pleural exudate. By suspend-

ing the withdrawal of the fluid, you suspend the separation of the bronchial walls by the penetrating air, and if the cough be due to this cause, it stops immediately.

9. Purulent transformation of the serous exudate. This is usually due to infection from without, that is, to the negligence of the surgeon and of his assistants. The aseptic practitioner will never meet this complication.

10. Convulsions rarely occur after aspiration of the pleural cavity. They are caused either by reflex action or by minute emboli in the cerebral vessels.

11. Cardiac syncope may be due to cerebral anemia, or to the paralyzing influence on the heart-walls of the sudden removal of the pressure of the pleuritic fluid. Stop aspiration. Lower the patient's head. Give cardiac stimulants. Infusion of normal salt solution may be called for.

12. Cerebral anemia, due to the sudden afflux of blood to the lungs. Apply the usual treatment of acute cerebral anemia.

13. Puncture of the lung. This occurs when the lung is much congested, when it is adherent to the thoracic wall, or when the aspirating needle is thrust in too far. If the needle be sterile, the puncture need not cause you any worry. There will be an escape of a few drops of pus and a few bubbles of gas. It will not cause a pneumothorax.

Cases are numerous in which the lung has been inadvertently pricked with perfect immunity. Instances of puncture of the liver and spleen with an aseptic aspirating needle are without harmful consequences.

14. Hemothorax. Due to violent removal of the fluid, causing rupture of the pleural vessels with resulting hemo-

One of the most prompt and powerful means of inducing iodism is arsenic iodide. It may well replace the bulky iodides.

thorax. I have never met with such a case.

15. Cœdema of the lung. This accident is very often fatal. When the lung has been long compressed by an effusion, its vessels also have been long compressed; the caliber of the vessels has been diminished or obliterated, and even if their walls are not altered in structure we can admit that their contractility is lessened, that their tonicity is weakened.

After thoracentesis, when the lung is relieved of its pressure, when with inspiration the thoracic wall exerts an energetic suction, when the blood meeting no more obstacles makes irruption into the pulmonary vessels that have again become permeable, there can result congestions that may lead to cœdema of the lung. Cœdema of the lung is due to too rapidly and too thoroughly evacuating the pleural cavity. Owing to the serous invasion of the alveoli and small bronchi, it leads to albuminous expectoration. This is a condition of great danger, owing to the possibility of asphyxia from profuseness of the serous secretion. To prevent this condition, the evacuation of the thoracic cavity must be gradual and incomplete, that pulmonary dilatation and consequent reestablishment of the pulmonary circulation be not too rapid or too sudden.

Chicago, Ill.

A Philadelphia man proposes to treat endometritis by the local application of iodoform. Great Scott! The subsequent history of this sad case may be predicted. Some day a patient will object to the odor of iodoform. About that time he will have heard of europhen or aristol, and possibly take a run over to New York, or somewhere outside of the somnolent atmosphere that enshrouds

the Quaker City; then the idea will dawn on him that he can apply one of these agents to the endometrium. If the discovery does not overthrow his reason he will publish it, and be promptly ostracized as an innovator, dangerous to the peace and quiet of his fellow citizens.

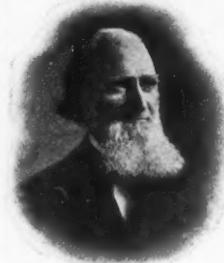
It is quite probable that typhoid fever is spread by the urine of convalescents, which for some time contain living typhoid bacteria. This indicates the wisdom of a course of Urotropin or salol during convalescence, to render the urine sterile.

Koch now affirms positively that the tuberculosis of cattle is not transmissible to man. He cites the extreme rarity of primary intestinal tuberculosis in the human family, notwithstanding the very general presence of tubercle bacilli in the meat, milk, butter, and cheese eaten. Adami also states that when cattle are inoculated with human tubercle bacilli the result is only a transient local sore. Notwithstanding that milk is mostly used by young children, intestinal infection is not so common with them as with older children.

Bovine tuberculosis may be a different malady from that which commits such depredations in the human race; or the bacilli may be deprived of their virulence by passing through the ruminants; or infection may be prevented by reason of some germicidal action of the infant's gastric juice or its blood, rendering infection rare unless in exceptional conditions. Either explanation may prove the true one; meanwhile it is just as well to continue all possible precautions to keep the bowels free from tuberculosis and to sterilize all suspicious milk.

In Insomnia due to physical fatigue, give a granule of veratrine dissolved in half a glass of water on retiring. Repeat in one hour if necessary.

GLEANINGS FROM



FOREIGN FIELDS



By E. M. Epstein, M. D.

LECITHIN.

LHIS SUBSTANCE, in its di-stearic composition, which is derived especially from the yolk of the egg, is widely distributed throughout the vegetable and animal kingdoms, in the latter of which it is a component part of the brain and cord, the blood, the spermatozoa, etc. It is the purveyor of phosphorus in the economy, distributing it to the tissues where it is needed, and presides over their construction. Its action is powerful in nutrition, in the functionizing of the brain, and in osteogenesis. Lecithin is absorbable by the stomach and subcutaneously. It is superior to all other phosphorus medicaments, not excluding glycero-phosphates. It is not toxic, and clinical observation has proven its usefulness in affections of the brain and cord, in defects of nutrition, and in all states where the elimination of phosphorus from the organism is in excess. It is administered in granules or hypodermically in an oily solution.

(*L'Echo Med. in La Rev. Med.*, Montreal, Canada.

ALOPECIA.

Balzer prefers the following treatment of this disease: The first indication to

The unpleasant fullness in the head after violent and unaccustomed exercise subsides promptly after a granule of Veratrine, repeated if necessary.

arrest its progress is met by washing the scalp, after the hair is cut short, with the following lotion:

Mercury bichloride 20 centigrams, acetic acid 1 gram, alcohol 90 per cent 100 grams, ether and tinct. lavender of each 50 grams.

The second indication, that of reestablishing the function of the hair follicles and the atrophied papillæ, is met by local irritation. The following exciting lotions are used in Hopital Saint-Louis: (1st) Aqua ammonia 5 grams, essence of turpentine 25 grams, tinct. camphor 125 grams. (2) Acetic acid 1 to 2 grams, chloral hydrate 5 grams, ether 25 grams. (3) Liquid cantharidis.

Jacquet irritates the hairy skin with a sharp bristle brush. Finsen treats the alopecia spots with the chemical rays of light, and obtains good results. Balzer makes use of lactic acid dissolved one part in two of water, or alcohol, and with a plug of absorbent cotton soaked with it friction is made till rubefaction occurs, once a day till cured. If the irritation gets too lively the treatment is stopped.

Antisepsis is continued at the same

time, with the above bichloride solution.
(*Ibid.*)

* * *

ARTEMISINE.

Artemisine as a stomachic is beneficially used as an adjuvant to iron oxalate and quassin in the treatment of chlorosis and anemia. This composition exercises a powerful influence on the muscular fibers of the digestive canal, increases the appetite, and promotes the specific action of the iron. It acts rapidly, and its good effects show themselves in from 9 to 10 days. The following formula recommends itself: Artemisine 0.0001, quassin crystallized 0.0001, iron oxalate 0.01, gum arabic and sugar enough to make one pill, of which one or two are to be taken after each meal.

(*Norw. Bear. Ibid.*)

* * *

A XIPHOPAGUS.

Chapot-Provost of Rio de Janeiro showed the French Acad. de Méd., Oct. 2, 1900, an eight-year-old girl, who four months before was living joined xiphopagically to her sister. In May of that year the operation of separating the two sisters was performed. One sister died five days after the operation, from pleuro-pericarditis.

Apart from the bony and soft part connections between the two bodies, there was also a connecting passage between the two pericardial cavities, and a broad band as a bridge between the two livers.

Wien. Med. Wochs. No. 28, 1901.

* * *

CHICKEN-POX.

In an epidemic of this in a family, it was observed that the vesicular eruption occurred before the fever made its appearance, and after this more vesicles made their appearance. This shows the difficulty of preventing infection. In one

It seems that a speedier effect is obtained from the valerianates, of atropine, strychnine, caffeine, etc., than from any other forms.

case where there was no fever, the contents of the vesicles remained serous. The eruptions were located where the skin was irritated. The vesicles become purulent only where a lesion of the skin existed before. The fever is not commensurate with the intensity of the eruption.
(*Ibid.*)

* * *

DETIMENT FROM EXCESS OF SMOKE.

The mass which is precipitated from a smoky atmosphere consists in but small part of carbon. The soot contains carbohydrate stuffs, empyreumatic products, acids, especially sulphurous acid, sulphuric acid up to 9 per cent, and hydrochloric acid up to 7 per cent. The empyreumatic and tarry products in connection with the acids, represent the substances which are undoubtedly injurious to the mucosæ of the air-passages. Even healthy persons feel their ill-effects, but much more so those whose respiratory organs are weak, or not perfectly intact. Soot will penetrate into the house though windows and doors be closed. Air impregnated with soot absorbs light, becomes vaporous (*dunstig*) and opaque. The imperfect combustion of coal increases also the carbonic oxide in smoke-stack gases. It has also been demonstrated, that the city fog, which disperses so slowly and which is so injurious to plants, increases when coal is used as fuel. With the presence of the fog there is a concentration of the injurious substances in the air. From all these it is evident, that an excessively smoky atmosphere is injurious not only to sickly persons but to healthy ones as well.

(*Ibid.*)

* * *

ARTERIOSCLEROSIS.

Against this affection, Tunecek (*Sem. Med.* 1901, p. 137) recommends the sub-

cutaneous injection of a fluid resembling the blood, as follows: Sodium sulphate 0.44, sodium chlorate 4.92, sodium phosphate, 0.15, sodium carbonate 0.4, potassium sulphate 0.40, distilled water 100.0. Inject at first one ccm, and increase with every injection from 0.2 to 0.5 ccm, and up to five ccm.



SEROTHERAPY AGAINST THE BUBONIC PLAGUE.

The government of India has determined to enlarge its laboratory in Bombay, where the Lustig-Galeoti serum is manufactured; that serum having proved itself of great value. (*Ibid.*)



CRIMINAL ABORTION WITH LEAD.

Dr. G. Schwartzwaller, in *Berlin Klin. W.* No. 7, 1901, presents the following aspect of cases of that kind. The patient is pale, pulse regular, no fever, abdomen sensitive to the touch and retracted, violent pains, gums bluish-black.

Dr. S. thinks that litharge and white lead are the forms of lead not infrequently taken for abortion, in quantities from what will lay on the point of a case knife up to a teaspoonful. In 300 cases of abortion 18 had discolored gums. Abortion does not always follow taking the lead, and when it does it is not before some weeks. No fatal results were ever observed, though the toxic symptoms were very severe. (*Ibid.*)



IMMOTILITY OF STOMACH CONTENTS.

This is apt to take place in acute and chronic gastritis. Against this, Martinet in *Presse Med.* 2 Jan. 1901, recommends that the patient recline half an hour after a meal, on the right side, have the head elevated, and sip sorte tea while in that position. The chyme becomes diluted in

this way, the acidity is diminished and the passage through the pylorus becomes easier and accelerated.



CHOLAGOGUES IN CHOLELITHIASIS.

Chaussard in *Sem. Med.*, 1901, p. 1, speaks of the usual neglect of medication in these cases, and their relegation to the use of mineral springs, which prove inadequate. He on the contrary recommends the continued use of cholagogues for months and years, to prevent the formation of biliary calculi, which will result in success. He recommends as the best, sodium salicylate and benzoate. Give either for twenty days, in doses of gr. 15 to 30, two to four times daily, during meals. At times gr. 15 to 30 of Karlsbad salts in addition is very useful. In addition to all these he gives every eight or ten days, in the evening, one or two capsules of Harlem oil, a preparation whose active ingredient is oil of juniper. (*Ibid.*)



SCURVY: ITS PATHOGENESIS.

The results of an investigation of an epidemic of scurvy in a place in Russia, as stated by Von Turner in *Arch. gen. de Med.*, August, 1900, give great reason to believe in the parasitic origin of the disease, and its independence of the food ingested. Neighboring localities, whose inhabitants had no intercourse with each other, remained either free or were attacked by the disease, despite the fact that their food and mode of living were the same. In some places the well-to-do alone were attacked, whose hygienic conditions were good. And the investigating committee itself, at the head of which was von Turner, were attacked with scorbutic symptoms despite all precautions taken.

If any reader is unfamiliar with Glonoin, let him ask himself why so many doctors affectionately term it "the little gigantic life-saver."

DORMIOL.

Dr. O. Holz says in his Inaugural Dissertation, Koenigsberg, 1900, that he saw good results from this hypnotic in 85 per cent of cases tried. There was from 5 to 8 hours' sleep after doses ranging from gr. 15 to 60. C. H. Powell designates, in the *N. Am. Journ. of Diagnosis*, No. 3, 1901, Dormiol as an excellent hypnotic. Dr. A. E. Brownrig says, in the *Annual Report*, 1900, p. 152, that he saw good effects from Dormiol in cases of insanity, from doses of gr. 22½ up to 105.

GALACTAGOGUE.

As an incitation to the secretion of milk, Shrader recommends, in *La Sem. Med.*, No. 5, 1901, cool half baths in the following manner: The woman sits up to the waist in the bath at a temperature from 75 down to 64 degrees F., which produces, it is said, an afflux to the mammary glands. (*Ibid.*)

**EFFECT OF OPIUM AND OF MORPHINE UPON GASTRIC SECRETIONS.**

Lepine writes of the results of his investigation on this subject in *La Sem. Med.* 1901, p. 58. He often observed the increase of existing gastric pains on the exhibition of opium preparations or of morphine. This fact is explained by Klein's experiments on animals, which showed that morphine increases the hydrochloric acid, and the quantity itself, of the gastric juice. In cases, therefore, of hyperchlorhydria, this remedy is contraindicated. Appropriate diet, large doses of sodium bicarbonate, and atropine, will eventually remove that pain. On the other hand morphine is in place in the

gastralgia of carcinoma, where there is no hyperchlorhydria. (*Ibid.*)

**"PALMAN QUI MERUIT FERAT."**

It was not always so. We were once, not very long ago either, not what we are now. Our schools of medicine were most of them third class, and some of them ordinarily even below that. But "*tempora mutantur et nos mutamur in illis.*" We have now medical schools which not only teach thoroughly and excellently, but which also afford means of medical scientific investigation by individual scholars, in branches of medicine for which they have a special aptitude. There is no excuse for any American physician of recent promotion being ignorant of the latest in the sciences and arts of our profession, and those of long ago promotion, too, might if they chose catch up with the front rank.

The above thoughts press themselves upon my mind in reading Boaz' preface to the American translation of his work on the Diseases of the Intestines; in which, referring to the contribution which surgery has of late years made to our knowledge of intestinal diseases, he says: "It is universally conceded that the American profession has contributed much towards this end, and in many parts of this work I have acknowledged this indebtedness. Numerous references to American authors will be found throughout this book."

Dr. Marcel Baudouin, chief editor of the "*Gazette Medicale de Paris*," speaking of the Emergency Hospital at the Buffalo Pan-American, acknowledges our better provision for public health service than obtains in France, and says: "Despite ten years of struggle we have not yet succeeded to persuade our governors

Copper arsenite is a valuable medicine for small and frequent dosage, but apt to disappoint if administered clumsily.

The Alkaloidal Clinic

of the real need of institutions of this kind, while America has been convinced a long time since of their absolute urgency."

These lines were not written for the sake of self-laudation, but to urge on the readers of this journal to enlarge their knowledge, and thus help make our noble profession too, to be at the head, as our beloved country is getting to be there, in almost every department of life.

* * *

PYLORIC SPASMS.

Marcel Baudouin takes occasion, from observations made upon himself, to confirm the opinion of Lepine, that there is such a thing as spasm of the pylorus. Whenever there is vomiting on account of gastric indigestion, it is always preceded by spasm of the pyloric ring, and when the stomach is emptied completely the pyloric spasm ceases at once. This can be very easily verified in all patients who are frequently attacked with neurasthenic migraine. When such patients are good observers they will acknowledge a constricting sensation at the place corresponding to the pylorus. They will also easily notice, that the sensation of constriction disappears the moment after a little bile appears in the vomita.

Baudouin observed this on himself, and when he is attacked with vomiting there is nothing he wishes so ardently as for the appearance of a drop of the bile, which liberates him from retching. The fact is that the bile cannot flow back into the stomach, during the effort of vomiting, unless the pylorus is free. He thinks there is a new point for careful clinicians to observe.—*Gaz. Med. de Paris.*



THE PAPYRUS EBERS.

The *Wiener Medicinische Wochenschrift* furnishes an interesting article on

the Papyrus Ebers. In concluding the author, Oskar Woltar, says: "Here we have before us a monument of the culture of remotest antiquity, whose historic value is inestimable, whose medical historic value can be estimated by him only who reads the description of its contents. [Let future writers of medical history take warning. Translator.] In this writing we have the entire medical store of the Egyptians before us, and in a fullness no other known writing presents. And there is besides in it much information about the anatomic, physiologic, pathologic and pathologico-anatomic conceptions of that time. Then too the book gives us explanations of the methods of examining patients, of diagnosing, and teaching and learning, pursued by the Egyptian physicians. There are many obscure points yet in this document, and it is to be hoped that the united labors of antiquarians and physicians will clear these up, so that this precious gem of the most enlightened nation of antiquity shall shine forth in its full luster. It will stand forever as a most important leaf in the book of the history of science."

Chicago, Ill.



The mouths of infants at birth contain numerous and highly virulent bacteria, staphylococci and streptococci predominating. They are always identical with those found in the mother's vagina, and may be the cause of sore mouth and nipples.



The lightning pains of ataxia have been relieved by santonin, 0.06 thrice daily.



Facial lupus has been treated with marked success by daily spraying with ethyl chloride.

Diastase is now produced in such a concentrated form that three granules after a meal prevents indigestion of starches.

Miscellaneous Articles

SOME CRITICISMS.

The reviewer must expect to be reviewed. The man who criticises must expect criticism. I only ask the privilege of expressing my opinions and do not expect every one to agree with me.

I differ widely with "Mrs. M. D." in some of the statements she makes under the caption of "A Doctor's Wife," in the July number of the CLINIC. The irrevocable laws of nature have placed woman in charge of the home and made man the provider for it. I believe the doctor who takes his wife into copartnership loses more practice than he gains thereby. There may be exceptions where both are regularly graduated physicians. But as a rule the less a doctor's wife knows about the professional side of her husband's life or pretends to know, and the more successfully she fulfills the social demands made upon her position, the more successful will her husband be. I most certainly do not believe in taking my wife along to save people the price of another physician. So far as jealousy is concerned jealous women should avoid marrying doctors, or any one else for that matter.

Nor do I see why we should not use chloroform in labor in appropriate cases, with as much reason as we employ it in other painful operations. Simply be-

cause it had not been discovered or was not used one hundred years ago is no reason why it should not be used now. The changes incident to civilization and modern living have rendered the process of labor more difficult and painful than in the savage state. If we cannot change these conditions, then it is our duty to combat them with the best means at our command.

Of course if there are women who really enjoy the process of labor that is another matter. I once confined a Polish woman at 9 p. m., and at 5 a. m. the following morning she had her washing on the line; but how many women in the higher walks of life possess such vitality?

In the August CLINIC under "Hints on the Business Side," I read: "When a patient is good and likely to pay, avoid going to him for money when possible. Let him come to you or send him a line by messenger asking the accommodation of a few dollars on account." I regard this as anything but a business hint. My custom is either to pay cash or settle accounts the first of every month, and I expect other people to do the same, and send out my bills accordingly. The doctor is always expected to pay promptly for what he gets, and unless he has in-

In selecting a European resort for invalids it would be well to consider the manifold advantages of Levico Spa, the climate, location, facilities for enlivening the patient's stay, and the very valuable arsenical waters.

The Alkaloidal Clinic

herited a fortune he cannot do this without collecting his own bills. I fail to find a single good reason why under ordinary circumstances a doctor's bill should be allowed to run months or years any more than any other bill. Too often after a siege of sickness other bills are all settled and the doctor allowed to wait a more convenient season; then sickness comes on again and because they owe him so much he is expected to throw off half of it and wait a year for the balance. I believe in presenting your bill when the work is finished. I agree with the doctor in not discounting. If one visit is worth one dollar, then ten visits are worth ten dollars. I have never yet lost a patient I wanted to keep, by asking for a prompt settlement. The patients we lose by this course are those who do not intend to pay, and the most of our abuse comes from those who owe us. I have always made it a rule to limit the credit of those who are always going to pay but keep on running up a bill. We may try to cover up the business side of the practice of medicine, but it only makes us appear ridiculous. We expect our living from it and some left over. How many of us took up our profession for pure philanthropy? It is true of course that the good we try to do is not always proportioned to the fee we charge.

So much has been said pro and con on the question of division of fees, that I feel entitled to the expression of an opinion. I am only a country doctor but I do not believe in any division of fees. We country doctors were educated in the same schools as the city doctors, and often-times have acquired just as much practice and experience as our city brethren. I have done some operating and where I do an operation I expect the pay,

outside any legitimate fees for assistance. The laborer is worthy of his hire and the man who does the work is entitled to the pay. If I am not able to do any particular operation it is my own fault, and I do not expect to be paid for my ignorance.

The man who has spent the necessary time and money to acquire special ability is entitled to all the remuneration which his knowledge and experience bring him. The post graduate schools and hospitals are still open; the same road he traveled was and is still open to me if I am not satisfied with my present condition. Every doctor is licensed to do and charge for whatever work his knowledge and experience justify him in undertaking. We have too often sent patients to some specialist when we could just as well have done the work ourselves. But once sent the patient is out of our hands, and we are not entitled to any further pay. In case of surgical operations which we do not care to undertake, it is our privilege to take them to a hospital and assist in the work, after we have demonstrated our ability to do so. The patient is the one to pay for such services and not the surgeon. I believe it is the basest commercialism to traffic in a patient's welfare or auction him off to the highest bidder. I believe in charging for my professional services however rendered, and permitting other physicians to do the same.

O. M. LAYTON, M. D.
Fairwater, Wis.

DYSENTERY.

I have read copies of your ALKALOIDAL CLINIC and have become interested in your system very recently, on account of

For burns: 1. Put on Unguentine. 2. Put on more Unguentine. 3. Keep putting on Unguentine. 4. Collect your fee, and discharge case.

the development of dysentery in this section. It is almost an impossibility to control the disease with our (allopathic) remedies and treatment.

A. T. B., M. D.

—, Mo.

—:o:—

Take a look at the August CLINIC, my article on summer difficulties. The first

indication is to clean out the bowels thoroughly with a saline laxative, then follow with intestinal antiseptic every hour, with a granule of strychnine arsenite to tone up the digestion. Hundreds of thousands of sufferers have been brought to speedy recovery with this line of treatment; but you must clean out the bowels to start with.—ED.



NOTES FROM MY DAY-BOOK.



AUG. 14, I concluded to go gunning for tape-worm. I armed myself with Abbott's Saline Laxative and two ounces of tape-worm remover. At 11 a. m., I gave my first dose, two heaping teaspoonfuls of Saline Laxative. From this we got three copious actions from the bowels.

Aug. 15, 6:30 a. m., gave one-half of worm-remover. At 8 a. m., a section of the worm about sixteen feet long was passed. After due inspection we concluded we did not have the head, and at 8:30 gave balance of the remedy. In just one hour we got another section, about twelve feet long, and from the fine tapering point concluded we had the head. The bowels moved freely after this, but no more sections of the worm appeared.

Our patient was very sick from 11 a. m. to 9 p. m. He vomited freely, complained of vertigo, was very weak, heart unsteady and weak. Gave a bowl of hot milk for supper, most of which he vomited, but felt better thereafter. Next day got up, feeling weak but O. K.

Aug. 16, young man jumped from a

train, caught supposedly by the wheel, took the nail off of the great toe on the right foot, and crushed the left foot. It looked as though the wheel had passed over the foot at the articulation of the phalanges and metatarsal bones, bursting the flesh between all the toes and almost to the end of the great toe, cut the sole and upper of the shoe most off, but no bones were broken. Dressed antiseptically. Doing well.

Aug. 17, a carpenter, just quitting work for noon, fell about twelve feet, striking his head, shoulders and side, with most force on the right side, just inside and under the scapula, striking across some steps. Not sure of any fracture; some indenture, not marked. Placed a bandage about eight inches wide around the chest; gave some relief. The pain is gradually lessening.

Aug. 17, a man fell from a load of brick, on to the pavement, striking on the head, right hand and left knee; kept moving around all evening. I saw him next evening; the knee was fearfully swollen and painful, tears running down his face when I examined it. I could make out no fracture or dislocation, and think there was none. I ordered cloths wrung out of hot water and turpentine.

The CLINIC has grown in favor until it has become my favorite journal. Cannot afford to be without it.

Whitwell, Tennessee.

DR. L. L. JANEWAY.

The Alkaloidal Clinic

This relieved the pain and reduced the swelling. Patient doing well.

Aug. 19, a boy fell, dislocating his shoulder. Chloroformed and reduced; shoulder very much swollen and bruised.

I have had quite a number of cases lately, complaining of stiff neck, and pain in chest, bowels or legs, going from one part of the body to another, no fever, no swollen joints. It has been hard to control.

W-A Intestinal Antiseptic tablets are the thing for this time of the year.

E. F. KELCHNER.

Delavan, Ill.



COLLECTIVE INVESTIGATION OF THE INFLUENCE OF THE SIL- VER NITRATE INJECTIONS ON PHthisis.

In 1892 the undersigned began a collective investigation of the action of cold in the treatment of acute pneumonia and there is reason for believing that this procedure, which resulted in gathering four hundred cases of this disease thus treated, with a death-rate of not quite five per cent, was an important factor in calling attention to the utility of that treatment and in introducing it to the profession of this country. That research was based on the conviction that no remedy can be called truly successful until it has passed the exacting crucible of clinical experience; and it is now proposed to apply the same ordeal to the silver-injection treatment of phthisis, which, in a large hospital, dispensary and private practice, reaching over a period of three years, and during which many thousand injections were administered, has given me greater satisfaction than any other method that I have ever employed. In keeping with the above expressed feel-

After many years spent in devising foods and remedies for debilitated conditions, Reed & Carnrick have just three words to say to the medical profession: "Trophonine, Protonuclein, Peptenzyme."

ing, a cordial invitation is herewith extended to those members of the profession who have the inclination and opportunity to investigate this method of treating phthisis, and to whom a reprint on the subject with full information and blanks to report cases will be cheerfully sent on application.

THOMAS J. MAYS, M. D.
1829 Spruce Street, Philadelphia, Pa.



ABDOMINAL CANCER.

Mrs. S., age 61, suffering from ascites. History of severe pain in gall-bladder, much emaciated, with numerous small yellow patches on forehead and bridge of nose, pulse weak, 110, resp. 36, temp. 100. Had been under treatment for three months.

The ascites rendered examination difficult; could make out a hard substance lying transversely across the abdomen just above the umbilicus; liver seemed somewhat enlarged, extreme tenderness over spleen; urine, high colored, s. g. 1030, acid, phosphates decreased, no albumin, hyaline and granular casts present, red and white blood corpuscles, quantity in twenty-four hours six ounces; constipated.

April 14, tapped, withdrew three quarts of highly albuminous liquid, s. g. 1018 and loaded with blood. Patient got some relief and rallied some.

April 18, had to tap again, two and one-half quarts withdrawn, relief more lasting, bowels improved and urine increased to about ten ounces.

April 26, patient requested another tapping, drew off five quarts, after which examination revealed a distinct tumor-like substance in area of gall-bladder, and a hard flat mass extending across abdo-

men, which could be easily outlined and of which patient complains, stating that it burned continually.

Diagnosis: Cancer of the gall-bladder, with omentum and pyloric end of stomach complicated, associated with interstitial nephritis.

May 6, withdrew six quarts by tapping, liquid contained more blood. Patient very weak and almost pulseless, resp. dropped to 18. Hard mass in abdomen more distinct, extreme vomiting began, vomited coffee grounds. On the fourth day after the last tapping the patient died.

Post-mortem: Omentum indurated, shrunk to about five inches in width and one and one-half inches thick, nodulated and extending across abdomen, closely adherent to gall-bladder, which could not then be recognized. Intestines glued together and to under surface of omentum, also covered with numerous small hard nodules. Rectum also covered with same, only larger. Peritoneum also involved, spleen not much enlarged, very dark and friable; capsule stripped easily on section, showed some degeneration. Liver enlarged and posterior surface rotten, gall-bladder measured over three inches long and two and one-half inches in diameter; 524 gall-stones were discovered. The gall-ducts were completely obliterated, gall-bladder adherent to stomach, omentum and intestines. Kidneys enlarged, capsule stripped easily and in section showed marked degeneration. Stomach dilated, lesser curvature not much involved, greater curvature adhered to everything in sight. Pelvic organs in good condition, also the appendix.

GEO. H. BURLEIGH, M. D.
Syracuse, Neb.

I consider the September CLINIC not only the best issue of its own series, but the most interesting and valuable copy of a medical journal I have ever seen.
Chillicothe, Missouri.

A MORPHINE CURE.

Once more I will intrude on your time and then I will let you rest for a while at least. Doctor, I never in my life remember hearing the birds sing as sweetly as they sing this morning, or knew the sun to shine as bright; in fact all nature seems to have taken on holiday garb. Maybe all this is because I have gone 48 hours, and am feeling well—almost like going back to work. No, Doctor, the crisis had not yet come when I wrote last. It did come with a vengeance Monday night, and caught me alone. In fact I have gone through the whole thing alone, intending to make a clean breast of it, so as to have the care you spoke of for the 48 hours; but put off the evil hour as long as possible; until, lo, and the crisis had passed! But, ye Gods! It punished me for a while. My great trouble was a dull ache from the hips down, a deadly pain, and so restless I could not sit, lie down, stand up or walk. That night it seemed as if the habit had become a fiend incarnate and was determined to punish while it held sway, knowing its power was fast being wrested from it. It tightened its grip and I could not stand or sit, would stagger around until exhausted; try to rest a minute, go through the same thing, until finally near morning sank down exhausted and went to sleep—and awoke better. At one time in my half-delirium I poured out a dose of the old stuff, and got it as far as my lips, only to realize what I was doing and dash it against the wall, breaking the glass in fragments.

Now, Doctor, as to your plan of treatment, it certainly must be excellent, for it seems to me this case was not an easy one. Mind you, it was of eight years' standing and I had used the drug to sat-

DR. ELMORE W. MURRAY.

The Alkaloidal Clinic

uration. There was very little time I was confined to bed during treatment (of course I am not done—simply over the crisis). The one real bad night I had might have been rendered much easier for me if I had followed your directions as to No. 5 and 6, but at no time did I take the amount you prescribed, and finally getting impatient I cut them entirely. Then, too, I should have taken a hot bath the night of the trial, which I could not do alone.

Were I to take another case through, I would insist on placing him in a sanatorium, and then unless counter indications, use this same treatment; for looking back, it seems almost wonderful what has been done in just one week. One reason I did not want to go to a sanatorium, I argued that when I came back I would have to handle the stuff and when tired and sick I would often be tempted. They say a victim loses his will power; now if I can go through the struggle with plenty of the stuff at hand, and no one to say nay or know whether I take it or not, if by my will and proper medicine I can resist it, I will certainly prove that my will power has not been impaired, and, Doctor, I certainly think I am right. Don't you? For it was almost as great a temptation as Satan gave our Redeemer on the mount; and I would advise no one to try for it, for I would not criticise him if he failed.

Doctor, I can't say why I have been so open with you, why I have so burdened you with my trials, for you and I, Doctor, are the only ones that know of my addiction. Even my own family do not know nor my wife. She may suspect, but she knows nothing for sure. I have always and especially of late been morbid over the matter, and confided in none. When

Cod-liver oil, hypophosphites and guaiacol; no gum or sugar, but emulsified with pancreatin, Irish moss and glycerin. There you have the reasons why Ozomor^o agrees when ordinary emulsions don't.

among my people I would always feel as I imagine the mother and sister of Ben Hur did, when they found him asleep in front of the old home, and his sister starting to kiss him, the mother drew her back saying: "Unclean, unclean." Thank God, that is over with now.

X. X. X.

—:o:—

I seem at last to have found a method for morphine and other drug habits that I can recommend for home treatment. About a dozen have used it, and there has been no failure so far. But it is too soon to speak positively.—ED.

* * *

MOIST CLAY IN THE TREATMENT OF ERYSIPelas.

I was called to see a lady, Mrs. K., found her in bed suffering with extremely swollen face and scalp, discoloration livid, pain burning and stinging, temperature 104.5, pulse 147, full and strong, nausea and vomiting, great thirst, constipated, urine highly colored, very nervous.

Diagnosis: Erysipelas of face and scalp.

Prognosis: Very serious.

Treatment: Aconite, tartar emetic, calomel and soda, epsom salts, phenacetin, morphine and atropine. I directed her son to get me some of the best yellow clay he could find in the field, and then made a thick paste by adding water, and with a table knife plastered her face and scalp with a thick coating of the mortar and covered it with linen, leaving the patient within half an hour's time with pain somewhat relieved and more quiet.

Next morning I found her more quiet, very little pain, swelling slightly dimin-

ished and discoloration receding; temperature 102.5, pulse 117, bowels moved, slight nausea, no vomiting, tongue heavily coated. I removed the dried and crumbling clay and put on a fresh dressing, and directed the nurse to redress as soon as moisture was absorbed; continued former internal treatment.

Third day, temperature 99, pulse 81, nerves quiet, slept greater part of the night, no nausea, took nourishment, local symptoms greatly improved. Continued local treatment, changed internal treatment, gave digitalis and strychnine arsenate instead of aconite and phenacetin.

From the third to the seventh day the temperature varied from 101.4 to 98.6, pulse from 110 to 63; swelling and inflammation all gone, skin peeling. I stopped the moist clay dressing and directed glycerin applications until thoroughly desquamated, and put her on iron, quinine and strychnine and discharged the case.

Case 2. Mrs. B., age 87, extreme swelling of face and scalp, discoloration, livid and glazed, pain very severe, burning and stinging. Constitutional symptoms, chill, temperature 105.4, pulse 138 and very irregular, coma, low murmuring delirium, involuntary evacuation of feces and urine, nausea and vomiting, tongue coated with heavy fur and great thirst.

Diagnosis: Phlegmonous erysipelas of face and scalp.

Prognosis: Very unfavorable.

Treatment: Ammonol, corrosive sublimate, epsom salts, tartar emetic, morphine and atropine, and aconite. Locally I applied the moist clay dressing with directions to put a new dressing on before the old was dry.

Second day, temperature 103.3, pulse

The CLINIC and Alkaloids are gaining in favor with me every day. Long live the editors to continue in the good work.

Walnut Creek, Ohio.

121, slightly more regular, still delirious and coma, no vomiting, had a good physic passing unconsciously to patient, still involuntary passing of urine, diminished thirst. Local symptoms very slightly improved; continued treatment except salts.

Third day, temperature 103.5, pulse 128 irregular and weaker, no involuntary movement of feces but of urine, delirium and coma not improved, nausea and vomiting, with greater thirst. Local symptoms about the same.

From the third to the ninth day temperature varied from 103.5 to 100.8, pulse 128 to 89, becoming more regular, other symptoms improving proportionately. By the ninth day, inflammation, swelling and discoloration all subsided and skin beginning to peel off. I discontinued former internal treatment and put her on iron, strychnine and arsenic. As a heart-stimulant I gave her digitalis, nux vomica, nitro-glycerin and belladonna. Locally I directed glycerin to be applied three times a day.

From the ninth to the fourteenth had slight variations of temperature and pulse, temperature 97.4 to 100.8, pulse 52 to 89, tongue peeled, appetite returned, skin broke on the tenth and suppurated until the seventeenth day under antiseptic treatment. I discharged the case on the eighteenth day with temperature 98.6, pulse 68.

So I could cite many more cases I treated successfully with the moist clay dressing, from patients a year old and up, but will omit them with the exception of one case which I will describe and leave you to judge for yourself: Mrs. R., in bed, suffering with slight facial erysipelas, swelling, pain and discoloration, nicely marked, slightly disturbed, had been complaining for four days and had tried household remedies, not ex-

DR. J. G. STUCKY.

The Alkaloidal Clinic

cluding powwowing. I put her on corrosive sublimate, epsom salts, and directed the moist clay for local dressing, leaving with the understanding that shouldn't she make rapid improvement they would let me know. So I heard nothing further from the case until one day I met her on the road with the question: "Well, how did the mud treatment work with you?" To my mortification she cried: "Oh, not at all. I tried it for a day, when an old lady called to see me and advised me to have an altogether black hen killed, catch up the blood, and while yet warm wash my face with it, and that cured me." I said: "You don't mean it," and with a "get up there" to my horse, started up the road, again having learned a local remedy for erysipelas.

I do not claim originality for moist clay as a topical dressing in disease, having read its virtues in a reprint of Addinell Hewson's address, delivered before the Philadelphia County Medical Society, in the year 1885, expounding its great usefulness not only in erysipelas but in all acute eruptive diseases, even in smallpox, scarlet fever, measles, etc. Where is the boy who does not know the value of moist earth for the sting of a wasp or bee, to allay the pain and swelling? It is a very simple remedy, and is not disappointing, and we need have no fear of systemic poison by absorption, as with many other local applications on the market. It is readily made and very easily applied.

Success to the CLINIC and its teachings.

L. R. LIGHT, M. D.

Jonestown, Penn.

— :o: —

Addinell Hewson used earth very extensively in a great variety of maladies.

What's that? Tired trying to keep your electric outfit in order? Why, Doctor, send for a Chloride of Silver Dry Cell Battery. Don't use it for months, and yet it's always ready.

At the Penna. hospital the attention of a manager was one day attracted by the laconic entry of an interne: "Patient, Smith. Diagnosis, erysipelas. Treatment, mud. Result, death." An investigation followed and Hewson was given the option of dropping the mud treatment or resigning. He chose the latter.

Mud has its uses; but between the treatment detailed above and that by pilocarpine or iron, there is no difficulty in making a choice.—ED.



THE HUMAN HAND AND THE HUMAN MIND.

The human body is one of the most worthy objects of man's study. It is the noblest as well as the crowning work of creation. There is no part of it more significant in its action and more characteristic in its formation than the hand. There is no other combination of bones, muscles and nerves, which is more perfect in results and in more intimate relation with the intellect than the human hand. The wants of man are more varied than those of any other animal, therefore to him are given alone these two useful members. With them we fashion all the implements of art and science, and by means of the hand man bequeaths to all posterity in writing the intellectual treasures of his own imagination; and hence we all who are living at this day are enabled to hold converse with Plato and Aristotle, and all the venerable sages of antiquity.

Prof. Owen says: "While one pair of limbs is used expressly for locomotion and for standing in the erect position, the other pair is left free to execute the manifold behests of the will. The hand is essentially the organ of the mind, the medium of its expression and the instru-

ment whereby its ideas are carried into execution."

Sir Charles Bell says: "We first see the hand ministering to man's necessities and sustaining the life of the individual. In the second stage of his progress we see it adapted to the wants of society. In a still more advanced stage science is brought in, and the elements which seem adverse to the progress of society become the means conducive to it. The seas, which at first set limit to nations, and grouped mankind into families, are now the means by which they are associated."

When we raise the hand and point in any direction, we are not aware of the fact that upwards of fifty muscles are brought into action. The same change takes place in the brain when we perform any task. Thousands of cells are broken down and transformed by others. The most important of the special senses, that of touch, is located in the hand and can be cultivated to a degree that is truly astonishing. Usually, the more blunt the other special senses, the better developed is the sense of touch. Many examples of this may be given in the blind. Some people can even tell the color of goods by the touch. Some by a few touches of the fingers are enabled to transmit a series of thoughts. One educated lady was so accurate that by shaking hands with a stranger in a crowd she could recognize the same touch many weeks afterwards.

Some people wonder why more persons are "right handed," or better developed on the right side of the body. The general opinion of scientists seems to be that the left side of the brain is better supplied with blood, as a result of the arrangement of the branches of the arch of the aorta. The fibers decussate

or cross over in the brain, and consequently a well-developed left side of the brain would indicate a well-developed right side of the body.

We know and think too little about ourselves. The expression that "man is wonderfully made," is very true. The great cerebro-spinal and sympathetic nervous system is likened unto a great telegraph communication, the brain presiding over all. People as a rule are inclined to drift along with the tide, all unconscious of the fact that one sudden explosion of nervous matter, or a volcanic eruption so to speak, stops the whole machinery of existence.

We should know more of our peculiarities. As Robert J. Burdette says: "Get acquainted with yourself." It will do you good if every once and a while you will steal away and spend an hour or two studying your very self. As a man thinketh so he is, and you will never know yourself thoroughly unless you do some thinking and talking to yourself. Cross examine yourself, learn what you are and what you know; what are your ambitions, your aims, your hopes, and what is your real character. Your reputation may be one thing and your character quite another. I am aware of the fact that some people never think of anything else but self, but God never created a more despisable person. That is because they do all their thinking publicly and aloud; they never think alone. People are usually more honest with themselves when alone and especially when in the dark. They do not pose in heroic posture if they have no audience. Ask yourselves the question if you are as honest at eleven o'clock at night as you are at noon; if you are as sound a temperance man on a fishing expedition as you are at a Sunday School picnic; if

I use alkaloidal medication altogether, with many long years of deserved prosperity.

Scott, Pennsylvania.

astounding and beautiful results, and wish you

H. D. GUIDRY, M. D.

The Alkaloidal Clinic

you are as good on an excursion party as you are at home; if in other words you are as honorable as your father hopes you are, as your mother says you are, and your sweetheart believes you are. As the great universe is order and harmony only through perfection of its laws, so in life and human government, the happiness and prosperity of a person depends on the thoughts of the mind and acts of the hand. Be therefore great in small things. If it is your ambition to be a citizen reverenced for his virtues, remember that nothing is more admirable than devotion to duty.

PERRY WOOLERY, M. D.
Heltonville, Ind.



CONVULSIONS AFTER LABOR.

Mrs. M., aged 19, weight 120 pounds, previous health good (mother very stout), sent for me just at dark. First confinement. Found her seemingly all right, bowels and kidneys evacuated. About 9 she gave birth to a fine girl baby; labor rather easy, placenta and membrane delivered, no hemorrhage, circulation good, mother jovial. Living only one-half-mile distant I was at home and in bed by 11 p. m.

About 1 a. m., a runner came for me saying she was "having some kind of spells." Fearing the "spells" were of convulsive nature, I hastened back to find she was having hard convulsions, already had three and was unconscious. Going in to prepare a hypodermic I found my only needle was closed and hence could not be used. Of course this left me at sea without a rudder. A man was immediately dispatched to the nearest drug-store for needles, with instructions to bring Dr. Brittain back in case

Scarcely any of the thousands who used a powerful remedy for dropsy.

the druggist had no needles. Dr. B. arrived about 4 a. m. He suggested morphine and I added veratrum. Dr. B. objected to the veratrum on the ground that it might make a sore. Believing a sore preferable to a dead woman I insisted; and we gave her morphine gr. 1-4, and veratrum fifteen drops, each hypodermically. The morphine was repeated in three hours and the veratrum in six, the morphine again in four hours but only gr. 1-8. Convulsions continued until nine were had, the last being more like a severe chill, patient became deathly cold and passed into a comatose state, jaws fixed. In the meanwhile we had given her repeated hot enemas; the bowels were very hard to move and when moved were found to contain a quantity of grape-seed. On inquiry learned that she had eaten heartily a few days before confinement of "mustang grape" pies. After bowels moved well the patient regained consciousness, and made an uninterrupted recovery. No sore, as the veratrum used was Norwood's. I waited on this lady in her next confinement and she had no trouble.

Did the grape-seed produce the convulsions?

I should like very much to know how Dr. C. B.'s case of pregnancy from capsule (?) resulted.

J. H. BARR, M. D.
Mangum, Okla.



OBSOLETE PHYSIOLOGY.

In your reply to Dr. Neal in August CLINIC, you boastingly prophesy the death of "old therapeutics." Why not complete your work by attacking "old physiology," and its errors in regard to functions of certain organs?

The lacteals and lymphatics are the

Apocynin on Shaller's word failed to find in it

only absorbing organs in the body, and it is absurd to claim that remedial agents must pass through them, to produce those remarkably prompt effects we witness when they are administered by the stomach, or injected under the skin. No intelligible use can be made of remedial agents without a correct knowledge of their mode of operating; so one must look to some other means of explaining their prompt action, than by the slow process of absorption through the lacteals or lymphatics.

Minute particles of medicine are not absorbed into the circulation, but make their peculiar impression upon sensitive nerves, and according to the law of reflex action of the nervous system, alter conditions in organs remote from their place of operating.

To substitute "gray matter for fat" in professional brains, will require a new physiology as well as a "new therapeutics."

Immense "stocks of galenic preparations" have been prescribed for the blood, by these "fat brains" for centuries, in the hope of changing its constitution, in some way, by mixing them with it; not knowing that the remedial agents themselves would have to pass through the blood-making organs before reaching the blood, which would be an absurdity, as often 1-500 of a grain of certain agents affects the constitution seriously but would not deteriorate the blood.

To explain the prompt action of such minute doses of medicine, one must enter the domain of physiology and learn from it the truth in regard to the correlation of nerve and medicinal action. The blood has nothing to do with the action of drugs, because the lacteals and lymphatics will only absorb and circulate the very mildest agents, and them so

slowly that they would not answer our purposes in urgent cases.

Correct our humoral physiology and the CLINIC's therapeutics and *materia medica* will harmonize with it, and form a beautiful whole.

T. J. SCOTT, M. D.

Aldin, Texas.

— :o: —

Boastingly? Well, may be we do brag a bit. But just recollect how much we have done to brag about! (*Thackeray*.)



CONTROL OF SEX.

You may not be much interested in the control of sex and may know all about it; but I am interested and don't know all about it.

Following is Windsor's ten-dollar method: "For a girl a mother must by thought, act and diet, work herself up to a higher pitch of sexual passion (the father the reverse), and be on top in position. For a boy reverse everything." This is exactly opposite to the views given in "Sexual Hygiene."

In a ten-dollar pamphlet called "Biology," Sheppard gives this method: "It is based upon the postulates in general that life is electricity as expressed in organic union with matter (it being an axiom of science to attribute effects to the nearest adequate known force or cause); that every motion, effect or phenomenon in the universe is the result of electrical causation; that sex is essentially electrical—life polarized; that electricity is male and female; that each individual beginning is a tiny spark emitted and separated from the infinite, life generation, fountain of potential energy, etheric electricity; that the male animal is positive and hence the sex to throw off

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Edwardsville, Ill.

J. A. HIRSCH, M. D.

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or generate the divine spark of life; that the struggle for existence begins the instant of the inception of the germ; and that a germ comes into being essentially a complete self-centered and perfect organism from which interior latent forces and potentiality unfold and develop under the law of magnetic affinity as expressed in the environment.

"Germs are male and female when deposited hundreds at a time by male in female organs. With medium conditions they have equal chances, but the male germ being positive and more persistent and hardy, is best adapted to thrive in the cold sterile soil of negative low vital conditions produced by the female, subsisting for a month more or less prior to conception upon a low weak abstemious diet, with habits tending to deplete, that is, to impair, jade and run down the vital forces. Cast into such uncongenial environment the female germs fail to develop. But reverse the regime and produce high tone, luxuriant, tropical and positive vital conditions, for which they with their opposite polarity have an affinity, and they respond quickly, develop rapidly, get the start of and crowd out the male germs, which perish leaving the female germs to struggle among themselves, the fittest surviving.

"The same regime must be applied to the male also, as vital depletion tends to avert the inception and retard the growth of female germs in the paternal laboratories, and vice versa.

"The male germ is slow and deliberate in beginning to develop, but once started holds on with firm grasp. The female germs act oppositely. As the menses mark high tide, vital repletion, that is, full positive magnetic conditions, it follows that conceptions not later than two or three days thereafter must, other

things being equal, favor female offspring; while opposite conditions, or vital ebb-tide, marking the close of the ten or twelve days fertile, conception occurring after the seventh or eighth day must favor males. With thoroughness in obtaining right conditions and in observing proper time certain success may be looked for."

What is your opinion of Sheppard's method?

Would it be safe to prescribe arsenious acid, calcium lactophosphate, cerium oxalate, glonoin, iron arsenate, quinine arsenate, quinine sulphate, strychnine arsenate, strychnine sulphate and zinc sulphocarbolate, in the regular doses, for pregnant women?

J. A. BURNETT, M. D.
McLoud, Okla.

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I am much interested in the control of sex and know exceedingly little about it; and am very glad to learn whenever I have an opportunity. Windsor's method as you describe it is an endeavor to exert this control through suggestion. I know of no proof whatever that there is any efficacy in the method. It is easy to theorize, Doctor, and literature is full of this subjective stuff, which simply displays the author's ingenuity, but does not furnish anything tangible in the way of proof of the correctness of his theories.

As to "Biology," the extracts you give are simply strings of high-sounding words, calculated to bewilder the ordinary reader and impress him with the idea that there is something of importance in it. Do you know of any proof that electricity is male and female, or of any other of the assertions to be found in the extracts you quote? The remarks made on

How often we have urged the use of fruit juices. When unable to obtain fresh fruit, Welch's grape-juice offers an excellent supply, portable, palatable and promptly effective.

the Windsor method apply also to "Biology."

It would be safe to prescribe to a pregnant woman arsenious acid, iron arsenate, quinine arsenate, strychnine arsenate, quinine sulphate and strychnine sulphate in any doses up to the physiologic limit, that is, the beginning of perceptible effect. Above these doses there is a possibility that any one of these drugs might excite the uterus to throw off its contents. Calcium lactophosphate, cerium oxalate, glonoin and zinc sulphocarbolate, could be given to such women in any dose required by symptoms that might be present, without any harm resulting to mother or child.—ED.



A SEEKER FOR FAITH.

I only use alkaloids to the extent any physician does, but would give almost any thing to have the faith in drags many of your contributors seem to possess; this, to believe that many acute infectious diseases can be "jugulated" if the proper remedies are properly administered.

By reading your journal I infer that it must be necessary for the physician in coping with disease to stay continually at the bedside, perhaps for hours, in order that he may know when he has secured the desired physiologic effect. If so, how can he take care of many patients at once in the country? I feel inclined to try the alkaloidal remedies, for it must be a superior way of giving drugs, in the way of convenience as to bulk and agreeableness; especially to children.

I wish some of your writers would tell of their failures as well as successes. They should desist from using such ap-

The CLINIC is a most welcome visitor. Cannot afford to be without its teachings.
Longbranch, Missouri.

EDWARD DUNCAN, M. D.

pellations as "jay," in speaking of other physicians.

Nevertheless your journal—the last number—has made me think. Please send me Shaller's Guide and such granules as you think best.

H. D.

—, Iowa.

—:o:—

I do not wonder that men grow disgusted with medicines, and turn to surgery, as giving at least an approximation towards certainty. The use of uncertain remedies, variable in their action and in their strength, leads either to pessimism or to carelessness in their prescription; and conversely, the use of certain and reliable drugs, whose action is perfectly known before, begets in the doctor a corresponding certainty in his diagnosis, and a confidence which soon communicates itself to the patient. Do not think that we who use the alkaloids are unduly enthusiastic or self-confident. You cannot possibly practise Alkalometry a year without becoming a better physician, both as a diagnostician and as a therapist. You have not grasped the idea at all, as shown by your question. Of course we do not stay with our patients for hours. Why should we? That is what the old system requires, because not knowing what the effect of your medicine is going to be, you have got to wait and see. We know it beforehand, so we do not have to wait. We give our aconitine and tell the nurse or attendant to repeat the dose every half hour until the fever breaks. The nurse who does not know that, ought to be in an idiot asylum. In neuralgia, cramp, colic, gastro-intestinal catarrh, etc., we give hyoscyamine, and tell them to repeat it every 15 minutes until the

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pain is relieved or the mouth gets dry. If they are not altogether imbecile, they will know what that means. In either case we do not wait after the first dose. All that mysterious business about idiosyncrasy, varying susceptibility, variable and contradictory action of drugs, is done away with; and you never realize what a load it was, Doctor, until you have "shucked" it. Of course our people ought not to call the old fellows "Jays," and I must haul them up about it; but really when you see them go blundering along in the old fool way, it is hard to restrain; and besides sometimes it shocks the man into looking up out of his tracks.

I am glad you are starting with Shaller's Guide. It relieves me of the necessity of saying anything more to direct you. Just read Shaller and you will be all right.—ED.



CLINICAL NOTES.

What is the best treatment for venereal warts? I have been touching them up with monochloracetic acid, followed by a drying antiseptic powder—results quite satisfactory.

Chronic otitis; lady, aged 30, fetid discharge from left ear for twenty years, following scarlatina. Treatment: Syringe with a quart of warm bichloride solution 1-4000, wipe dry, then instill warm H₂O₂, allowing it to remain until effervescence ceases; inflate eustachian tube to clear it and the middle ear, again wipe dry and blow iodoform into the ear, then pack lightly with iodoform gauze. Repeat every other day. She is improving on this treatment. Internally I give her calcium sulphide 7 grains a

When the stomach refuses to take ordinary food it not only affords quick nutrition but restores

day, and compound syrup of hypophosphites. What is the prognosis?

Have you ever used Euarol on cotton as a dressing for chancroids after cauterization? It beats all the dusting powders you can "shake a stick at."

Girl, 14, thin, menstruation established, ever since which she complains of pain under the navel. Examination reveals nothing, the pain sometimes compels her to go to bed and apply heat.

The CLINIC is *the* journal, and I wish it came once a week.

J. E. D.

—, Iowa.

—:o:—

To venereal warts apply calomel. It is a very excellent method of treatment, but yours may be still better. I will try it.

In your ear case you seem to have about filled the bill with your treatment, unless the stimulation of vitality by full doses of nuclein might hasten recovery. The prognosis is good, if there is no dead bone.

I will make a note of your use of Euarol.

In the girl's case, there may be caries of the spinal vertebra, appendicitis, gall-stone or some other obscure abdominal disease, which could only be diagnosed by an exploratory incision. But the malady appearing after puberty indicates a probable uterine cause. Examine by rectum.—ED.



SYPHILIS IN HORSES.

Dr. Davidson, a veterinary surgeon sent here to inspect horses for the Indians to whom I have allotted lands, discovered what he at first thought were three cases of syphilis. One of these

food try the effect of Armour's Soluble Beef. It not only affords quick nutrition but restores the power of digesting ordinary food.

proved to be something else, the other two horses were killed. He reported a number of such cases on Pine Ridge Agency, and a number in northwest Nebraska. The disease was introduced with a valuable horse brought from France into Nebraska. The malady is not very uncommon in France, Germany and part of Belgium.

WILLIAM A. WINDER, M. D.
Rosebud, S. D.

* * *

AMAUROSIS.

After reading wonderful accounts of cures performed by the New Animal Therapy, we wrote Dr. Hawley for literature. We are much interested in atrophy of the optic nerve and ataxia, and have a run of these, because our treatment has proven of decided benefit. Until we heard of the lymph compound we had no knowledge that any authentic cases of optic nerve atrophy had ever been cured except our own patients. We notice the dosage is similar to that of nuclein, that to produce results there must be periods of complete cessation of treatment, that elimination must be well looked after, and that patients were apt to suffer "relapses" during convalescence (we term such attacks "crises" and they always occur), all of which is our experience.

Is not in your judgment nuclein the same as the lymph compound, so far as its therapy is concerned? In other words, will it not produce the same pathologic change? They make the claim that they effect cures without other medication. This is strange to us, for we give credit to nuclein to the extent of about 25 per cent. of the total treatment. In the treatment we have both given it

alone and omitted it altogether, and these experiments have led us to the above conclusion regarding its efficacy. Nuclein however, stands second in our estimation, of the dozen or more remedies that form our general treatment.

M. P. S.

—, Penna.

—:o:—

I am not prepared to vouch for Dr. Hawley or his treatment. My conviction is that its efficacy depends on the amount of nuclein which is present, as you so shrewdly suggest. There is strong endorsement of anemonin in such cases, and I would be glad to know if you have ever made use of it. Dr. Hawley was a man of good standing, being professor in one of the post-graduate schools in this city, resigning from it at the time he took up the Roberts lymph. I have no personal knowledge of the remedy or of its action. Hawley was a man irreproachable before he took up this, and unless you consider his method of marketing the lymph objectionable there is nothing whatever against him since. Whether his lymph will work the miracles he claims I am not prepared to say.—ED.

* * *

**THE TREATMENT OF CHLOROSIS
AND ANEMIA.**

All chloro-anemics are hypopeptic people; their gastric juice is poor and has quite an insufficient digestive power. Prof. G. See used to say that tincture of iron put in a bad stomach was not only absurd but dangerous. Prof. Peter told us once that the safest thing to try was a few nails put into water, a teaspoonful of this daily. The idea then is to use small doses of some iron preparation and

The CLINIC is a most welcome visitor. Cannot afford to be without its teachings.
Longbranch, Missouri.

EDWARD DUNCAN, M. D.

The Alkaloidal Clinic

repeat it frequently, while assisting digestion in some way.

How? Well, Dosimetry teaches that a formula like this succeeds: Iron arsenate one milligram, quassin two milligrams, quinine hydrobromate one centigram; one granule of each at meals and increase as the case demands.

These granules are well tolerated by dyspeptics, as they excite nutrition. In old suppurations as well as in the pseudo-anemias from syphilis, rheumatism, tuberculosis, malaria, cancer, as well as in all forms of convalescence, they should be prescribed.

It is astonishing to find after a month's use of this that the spectroscopic black lines seen between D. and E. of Frauenhofer's scale will appear. Then it is easy with other modern instruments, such as Henoque's to show the increase in oxyhemoglobin with the increase of vaso-motor power. The tonometer gives the blood-pressure as well as the microscope shows the number of the red globules.

This union of arsenic, bromide, quassin and quinine to the iron element acts as a respiratory tonic and diminishes the alkaline excess of the blood, a chemical state that predisposes to anemia.

Budge says that iron arsenate has a real action over micro-organisms and toxins. This we give on his assertion, but we can certainly say that quinine and quassin act as antiseptics to the arterial system as well as to the digestive organs,

The red globule has a constant circulation of oxygen which needs normal iron to work. This is really a good physiologic definition of life. It is probable that the combination of iron arsenate, quassin and quinine hydrobromate, stimulates this action as well as that of digestion, while the liver and spleen are acted upon by the granules, causing increase

of appetite, regulation of menstruation and a restoration to health by definite medical principles.

Dr. Burggræve often gives strychnine arsenate one granule, with iron and soda arsenate two of each, five granules in all per dose; then he adds caffeine arsenate to dissipate the nervous trouble. He also often advises the drinking of oxygenated water, which is given in Europe in the form of the usual syphons. The oxygen gas in it is in very fine globules. It is taken at meals and sometimes mixed with wine. In very cold weather the bottles containing it may burst. This form of oxygenation of the system is much in use in France.

THOMAS LINN, M. D.
Nice and Aix-les-Bains, France.



THE PHYSICIANS' HOME.

I have read with much interest the ideas and suggestions in the August CLINIC under the head of "Physicians' Benefits." I am, as some are aware, the projector of the Physicians' Home move. In some way or other (and I assure you there is no selfish motive underneath) my mind has conceived the idea of a home or institution for the benefit of the medical profession of America. Not for gain or selfish aggrandizement have I so untiringly labored that this might be accomplished during my lifetime. We need, yes, we certainly need a Home where the old decrepit, careworn physicians of all schools may go for rest and recreation. The physician is in the front rank of 80,000,000 of people, to foster and guide their interests. Physicians are of all men the most taxed, undone, divided and ignored. They love freedom but enjoy it not. They love protection but

Many an irritable bladder has been soothed and pacified by Tritica. And many a good doctor thinks there's nothing like the "S. & H." goods. More than half right.

have it not. They long for a peaceful quietude in their declining days but have it not. And above all they hope for ties fraternal to forever cement them together but have them not.

Doctor, this home move is well directed. If you long for the coming days which will be your western sunshine of life you should encourage it. The editors of THE ALKALOIDAL CLINIC have from its incipiency favored this project. Since its organization many ideas have been developed. We organized a Physicians' Orphans' Home, thinking that that would best suit our wants; but finding that each state had some local institution occupying this field we have abandoned this plan, and are anxious to have the CLINIC's suggestions carried out. A home for old retired physicians could not be anything but a blessing ten-fold. Let some journal which loves its readers and respects their gray hairs champion the cause, devise the plan, and see how many will come into it. The CLINIC has opened the question for discussion. Do not sit still, for the realization of the ideal is not impossible.

JOHN S. HARRIS, M. D.
Minor Hill, Tenn.

—:o:—

Dr. Harris is entitled to the credit of having initiated this matter and we are glad he has returned to his original project. We never favored the Physicians' Orphans' Home. The orphans will look out for themselves. Life and the world are before them, youth with its boundless possibilities is theirs and that is worth more than all the millions of all the Carnegies. It is the old doctor who excites our sympathy and solicitude. If our brethren favor the idea in sufficient

numbers and a practicable plan is evolved the CLINIC is with it heart and soul.—ED.

NUCLEIN.

I have never received any benefit from the nucleins except when given on an empty stomach and at least an hour before eating.

J. M. JONES, M. D.
Daytona, Fla.

FATTY PLACENTA.

A few days ago I attended Mrs. C., in her third confinement. Labor progressed normally until the head was outside the vulva, when in spite of the strongest of pains no progress was made. By carefully feeling my way I was able to insert a finger under each axilla, and pulling with all my strength I managed to deliver the body. The child was normal in every way with exception of the abdomen, which was enormously enlarged, the circumference at the navel being double that of the head. It breathed a few times after the head was delivered, but was quite dead after extraction of the body. The placenta, which was expelled spontaneously a few minutes afterwards, was enormously large, fully two inches thick, and appeared to have undergone fatty degeneration, for it was as friable as a fresh cheese-curd. I was not permitted to make a post-mortem. There was an unusual amount of liquor amnii. The family history of the parents is first class. The mother is doing well.

In a practice of twenty-six years I have never seen anything like it, and can find nothing in my text-books bearing on the case. I should be glad to have your

Enclosed find \$1.00 for the biggest journal in the United States.
Geyserville, California.

J. A. MILLER, M. D.

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opinion or of any of the CLINIC readers.

L. A. FRIEDERICKS, M. D.
Patch Grove, Wis.

—:o:—

Fatty placenta is not very rare. It would have been interesting to know the state of the child's liver.—ED.



PROSTATITIS.

I have a bad case of prostatitis to treat, but I know what Euarol has done in my hands, and also that it will repeat.

G. H. MILLINGTON, M. D.
St. Mary's, Texas.



WAS IT INTESTINAL AUTO- TOXEMIA?

Mrs. G., white, age 46, was taken Dec. 6, 1899, with a chill, pain over kidneys, frequent desire to urinate and headache, lasting two or three days. Got up for a day or two and had another chill, with fever, no kidney trouble. Lay in bed until April 1, 1900. Fever would come up and last from three to seven days, ranging from 104 to 105.5. Would be free from fever 24 to 36 hours. No pain but great loss of flesh and strength. Could take no food (scarcely) and was apparently dying of exhaustion, bowels constipated.

Treatment: Large doses of calomel and quinine, with acid and salol. The physician in charge moving away, I was called March 10, 1900. Found patient with fever of 104, tongue with yellow coat in center, clean at tip and edges and red, abdomen more or less tympanitic but not distended, skin harsh, greatly emaciated, no appetite: Ordered

The delicate little granule of apomorphine quickly replaces the old-fashioned syrupy cough compounds, when once fully tested.

salts to clear out the bowels thoroughly, repeated as indicated, and prescribed.

(B No. 1.) W-A Intestinal Antiseptic drams 3,
Tablets copper ars. gr. 1-100
No. 5,
Water oz. 2,
Elix. Lactopeptine oz. 4,
M. Direct: Two teaspoonfuls in water every 4 hours.

Also:

B

Tablets Protonuclein,
Strych. ars. gr. 1-67 aa No. 48,
Quinine ars. gr. 1-6,
Iron ars. gr. 1-6.....aa 24,
Water,
Zumo ananaaa oz. 3.
M. Direct: 2 teaspoonfuls every 4 hrs. between doses of No. 1.

Mar. 13th. Fever gone, feeling better, some appetite. Ordered free drinking of boiled water. Prescribed Bovinine, a teaspoonful three times a day, also fresh buttermilk; continued former prescriptions.

Mar. 14th. Still improving nicely, no fever, nor did she ever have any after second day of treatment. Gradually increased dietary; prescriptions Nos. 1 and 2, also Bovinine, continued.

Mar. 23d. Patient has made rapid gain in every way, now has a splendid appetite, with good digestion. Left off Bovinine and salts, and ordered cascara fld. ext., aloes and nux; and prescribed Winchester's hypophosphites.

Apr. 4. Patient doing well. Left her on the arsenates of iron, quinine and strichnine, with the hypophosphites, discharging the case.

I have used calcium sulphide in two families where I was treating scarlet

fever, with perfect success. In one family two other children were in the room for several days with the disease, and one of the children for a night or two slept with the patient—the eruption being well out.

G. G. KEMPER, M. D.
Leonard, Texas.

* * *

PAINLESS LABOR.

In August CLINIC S. J. R., Kentucky, gives us a case of "Painless Labor." I think I can go him one better. Was engaged for a labor case almost next door to office, by lady's husband. Was sent for in due time—hurry call—went quickly—got there in three minutes. Patient had just one pain and started up stairs for bed. Gave birth to a ten-pound boy on the floor, just as I got in the room.

Afterbirth quickly followed. After ligating cord and putting infant out of way, she sprang into bed like a young girl. This was 9 p. m., room was dimly lighted and I did not take particular notice of my patient—had never seen her before. Called next morning at 9 a. m., lady answered door, who I supposed was the nurse. Asked her if I should go right up; she wanted to know what for? Stated I was the doctor in charge; to my surprise said, guess she knew it, as she was the one who had the baby; said, please make my bill reasonable as she would pay spot cash, as she never needed doctor after everything was all over, and that she would resume her household duties at once; which she did, and has continued to do ever since, six months ago.

Mother and child at present doing well. The afternoon following the birth my

milkman said to me: "That woman across the street was out to my wagon to-day buying the usual quantity of milk, and she told me she had a baby last night. Is she a liar or what is she?" I said: "No, she is not a liar, but I don't know what she is."

May be some of the readers of the CLINIC might be able to guess.

H. K. WEILER, M. D.

Delanco, N. J.

—:o:—

I have several times attended women in painless labors, without anesthetics. In many cases I have been aware that the mother could have resumed her work the following day after childbirth, and some have done so; but usually these women have very wisely insisted they were entitled to a week's rest in bed, whether able to be up or not.

And in this I heartily concurred. Moreover, the week's confinement to bed is not required so much because the mother cannot be up and at her work, as because she ought not to be. I write this because a Christian Scientist near by has been bragging of getting up and doing her housework the day after her baby was born. There is nothing miraculous about this, unless it is the degree of folly manifested.—ED.

* * *

CHOLERA INFANTUM, TERMINATING IN ACUTE MENINGITIS.

I have just dismissed a very obstinate case of "Summer Complaint," which had finally terminated in acute meningitis; the little infant having had during a period of 3 days about 40 spasms.

I had tried hyoscyamine, strychnine ar-

The Alkaloidal Clinic

senate, atropine sulphate, arsenite of copper and the intestinal antiseptics, as conditions changed and suggested, with temporary improvement; but when the midday heat came, convulsions recurred, and the treatment would have to be changed. The infant was only 3 weeks old, the watery evacuations occurring every few minutes, and the spasms every half hour to a couple of hours. The child was unconscious, with ceaseless rolling of the head and involuntary movements of the hands. The spasms were preceded by crying, then the muscles suddenly became rigid, hands clenched, arms flexed and head drawn back or to one side.

As a final resort, I prescribed "iron hydrocyanate" gr. 4, elixir potassium bromide dr. 2, simple elixir q. s. to 2 oz. Direct: Take one-half a teaspoonful every one or two hours until spasms are controlled, then two or three times a day.

B

True salicylic acid.....	dr. $\frac{1}{2}$,
Prepared chalk	gr. 20,
Zinc sulphocarbolate....	gr. 5,
Syrup	dr. 4,
Cinnamon water, q. s.	ad. 2 oz.

M. Direct: One-fourth to one-half teaspoonful after each evacuation until bowels check and stools natural.

The family lived ten miles in the country. I saw the baby the next evening, and found it well. Had one spasm after commencing medicine. The bowels checked at once and assumed a natural color. I do not recall having seen so apparently hopeless a case cured in so brief a time. I have many times seen them get well, but it required a few days' treatment; cases as desperate as this one; but under the above treatment it improved as though some magic wand had

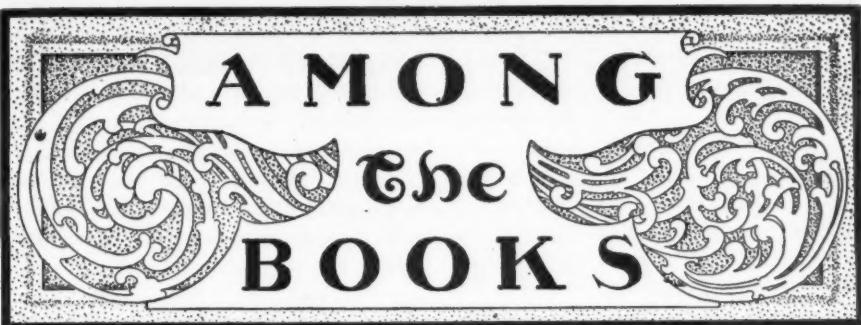
done the work. I never knew of iron hydrocyanate having been prescribed in such a case, or for a similar condition; but the ordinary treatment having failed, I decided to experiment with the results related. Who knows, but in this preparation of iron we have the agent that will always control the convulsions of infants?

J. H. LOWREY, M. D.
Neola, Iowa.

—:o:—

I note with interest your account, which seems so singular that I wonder whether there was any marked change in the weather, or in the hygienic condition of the premises, which could account for the result beside the treatment. It is well in such matters to be very sure. I have now used my system of treatment in summer complaint for twenty years without a solitary death; emptying the child's bowels with neutralizing cordial and following with the sulphocarbolates pushed to full effect. Hundreds of other physicians have followed the same system with equal success; although I am quite sure that in some cases the addition of iron is undoubtedly of value. In fact I have called attention to the power of iron stopping recurrent convulsions, occurring in the convalescence of measles, and think that you had a similar case here. Nevertheless I believe your experience is exceptional, and that it is only in rare instances that the treatment you have adopted is needed or will prove beneficial. All the more credit to you for adopting it in this case. It is uncertain if the benefit was from the iron, bromide, salicylic acid or extra sulphocarbolate.—ED.

Too often emmenagogues are given in overwhelming doses. Try the little dose of Apiol, a granule every half hour till effect.



AMONG The BOOKS

Landmarks in Gynecology. By Byron Robinson, B. S., M. D. Publisher, E. H. Colegrove. Price, \$2.50.

This second edition, revised and enlarged, is especially designed for students and practitioners, its arrangement, simplicity, comprehensiveness and practicability, rendering it preëminently fitted for such a place.

It is a marvel of terse gynecological facts, and is the result of a quarter of a century's personal work, and original investigation and experimentation, of the indefatigable author whose tireless energy, ability and abundant opportunities, embracing dissections, autopsies and clinical experience in this department of medicine and surgery, have distinguished him as a foremost authority.

The description and division of the subject are most natural, and chapter by chapter the development, condition and function of the pelvic viscera and their appendages, from embryonic origin through the various stages of change and activity, are described with such thoroughness, reasonableness and impressive simplicity, that the intricate subject of gynecology appears almost in a new light. The author places particular stress upon the importance of the use of the microscope and other up-to-date scientific means, as well as the significant clinical history and physical exam-

ination, in the diagnosing of pelvic conditions. And in the extensive treatise on discharges, "the fifth landmark," the advantage and wisdom of such a course are amply verified, and obviously substantiate his well known and widely accepted views on the great causative factor in gynecological pathology—the gonococcus.

The chapter on anatomy exhaustively treats of the development of the organs of the pelvis and their topographical relations, microscopical as well as macroscopical—descriptions abound.

Explanations based upon dissections as to anatomical structures, malformations and normal variations, are strikingly convincing; the whole chapter of 140 pages being a revelation of much new and important minutiae.

The subjects of menstruation, labor and abortion, are presented in a masterly manner, and the importance and significance of the patients' dating the origin of their condition from one of these maximum genital functions, with regard to diagnosis and prognosis, receive proper emphasis. A notable and valuable feature of the work is the number and character of the illustrations, which are interspersed with studied profusion. Many of them are original with the author, being drawn from his own dissections, with a clearness of execu-

tion.

Don't do it, Doctor! You risk making a morphine fiend every time you give opiates for insomnia. Why don't you try Daniel's Passiflora? Plenty of good men recommend it.

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tion, an exactness of anatomical relations and appropriateness of subject, that adds much to the value of the volume. Among them may be mentioned the ones illustrating the "circle of Byron Robinson," an anatomical entity solved by Dr. Robinson through years of labor and dissection, and those showing the successive steps of Robinson's new method of vaginal hysterectomy, which consists in merely removing the center of the uterus, thus constituting the most conservative and still effective method yet advanced.

The enormous sale of the first edition warrants the prediction that there will be a much greater demand for the present one, since the high degree of medical and surgical knowledge and judgment on the subject combine to make it a most valuable treatise to both student and practitioner.



Do your patients ever ask you to which of the European health resorts they should go? Our friend and correspondent Dr. Thomas Linn, who writes such interesting letters from France, has published a booklet entitled: "Where to Send Patients Abroad." It is printed by Parke, Davis & Co. The price is 25 cents. It contains exactly the information you want to reply to the above question.



Progressive Medicine, Vol. II., June, 1901. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D. Octavo, cloth, 460 pages, 81 engravings and one full page plate. Lea Brothers & Co., Philadelphia and New York. Issued quarterly. Price \$10.00 per year.

Enclosed find \$1.00 for the biggest journal in the United States.
Geyserville, California.

A progressive physician, and shame to him who is not, will always have questions to ask. Like the progressive religionist, who despite the shining day of established faith in the Invisible still has his sympathizing watchman, of whom he asks: "What of the night?" so too the progressive physician asks the favored ones of his profession, who have the leisure to be on the lookout for the approaching clearer light of knowledge: "Watchman, what of the uncertainty in this, that, or the other branch of our healing work? And to this anxious inquiry comes, in good measure, the answer in this "Progressive Medicine."

In abdominal surgery our American surgeons are leading, and have also now the good cosmopolitan grace to follow whatever is good elsewhere. And a splendid record of achievements and of practically utilized hints in this line is Dr. Coley's first article. So too is Dr. Clark's article on "Gynecology." Dr. Stengel's on "Diseases of the Blood and Ductless Glands, the Hemorrhagic and Metabolic Diseases," is a fine record of progress. Starting from the very fertile idea that so-called blood-diseases are not diseases of the blood, but blood diseased infectiously or otherwise by the pathological conditions of the blood-making or elaborating glands, Dr. Stengel gives us an amount of information that is exceedingly gratifying.

Dr. Jackson's article on matters of Ophthalmology is brief, yet it touches on many points of daily practice, and is informing us of the latest known and done in meeting them.



The initial number of the *Therapeutic Monthly* appeared in May; edited by James Tyson and published by The Med-

J. A. MILLER, M. D.

ical Journal Union (Limited), 1716 Chestnut St., Phila. We found this number of much interest, and welcome the newcomer to our table. Especially were we interested in an editorial on Gastric Therapeutics. Some of the statements appear startling to an old-fashioned reader. "The mucous membrane of the stomach possesses little if any absorptive power." When you swallow a dose of glonoin and get the effect in less than a minute, you are inclined to believe absorption by the stomach effective and rapid. But with the deduction therefrom of a dry diet in gastric dilatation, we heartily agree. The action of the pylorus is remarkable. When the gastric contents are alkaline the pylorus quickly opens for them to pass down; if acid, the pylorus opens quite slowly, allows the acid contents to pass, and closes until the acid has been fully neutralized by the alkali in the duodenum. Hence, distention of the stomach occurs in hyperacidity and is not due to fermentation. Antiseptics are here useless; alkalies or lavage being the remedies. Yes, but if the hyperacidity is itself due to fermentation?

Dr. Reichert discusses the antidotal relations of atropine to morphine, concluding that atropine may be of value, but only before the third stage of morphine poisoning, and then only in moderate doses. Even here the possible stimulation of heart and lungs may be balanced by its pernicious effects on metabolism. In large doses or in the third stage it intensifies the second stage, or shortens the third by hastening the fatal issue.

The journal carries no advertisements; and we shall watch with interest its course. The subscription is \$2.00 a year.

The CLINIC has grown in favor until it has become my favorite journal. Cannot afford to be without it.

Whitwell, Tennessee.

Diseases of the Intestines. By Dr. I. Boaz, of Germany. Translation by Seymour Basch, of New York. 47 illustrations. D. Appleton & Co., New York. \$5.00.

The motto of this valuable book on its title page is: "*Nec ultra, nec infra scire*," and so all that it wants us to know is contained in 541 pages of about 9x6. The work is very full in directions how to arrive by examination and previous history at a reliable diagnosis. It also gives us the latest thoughts of specialists in the chemical examination of feces and urine in intestinal diseases.

In questions of surgical abdominal operations Boaz is rather conservative. In therapeutics the author is not a nihilist, yet we venture to say that the American reader will not derive as much benefit from him in the therapeutics of intestinal diseases, as he will in the history, examination and diagnosis of them.



A Syllabus of New Remedies and Therapeutic Measures; with Chemistry, Physical Appearance and Therapeutic Application: By J. W. Wainwright, M. D. Pages 229. Price \$1.00 net. G. P. Englehard & Co., 358-362 Dearborn St., Chicago; 1901.

This is one of the most useful little books that has come to our table in years. These new remedies appear so fast that it is difficult to keep track of them; and when one desires to use one, he is often at a loss to find the description, and such information as to dosage and administration as will enable him to make an intelligent trial. Dr. Wainwright has done good service in collecting these in a small, compact book; and he has done the work well, in both the literary and

DR. L. L. JANeway.

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scientific sense. It is a volume that may well find a place on the doctor's table within easy reach.



Sometimes there comes to the reviewer's table, among the multitude of good works published, one that stands out from the rest as unique in its scope or execution. One of these is Dr. Albright's book, entitled "The General Practitioner as a Specialist." (Price, \$3.50.) He takes up in succession the subjects of Drug Addiction, Alcoholism, Injection Treatment of Hernia, Rectal Affections, Cancer, Catarrh, Nasal Affections, Goiter, Non-surgical Gynecology, Tobacco Addiction, Practical Points from Practice, Varicocele and Hydrocele, Secret Systems Exposed; Prostatic Diseases, Hemorrhoids, Varicocele and Hydrocele, the last four chapters by T. W. Williams.

The book comprises 299 8vo pages, with a few blanks at the end for notes.

The author evidently has had in mind the maladies in which advertising quacks and secret-system vendors thrive and wax fat and wealthy; and he has gathered a great deal of interesting material showing in what their methods consist. Altogether, if you dislike to see your patients taken in by quacks, get this book and see how they treat people.



International Clinics. A quarterly of clinical lectures and especially prepared articles (in specialties) by leaders throughout the world. Vol. II. Eleventh Series, 1901. Philadelphia, J. B. Lippincott Co. \$10.00 a year.

Apart from the many subjects of general and standing interest, to the practical and progressive physician, contained in this volume, he will find here

Can't sleep; fretful and feverish; nerves jangled and circulation tangled. R. Phenobromate, gr. v, at bedtime. Don't repeat—�ity to wake patient.

also elucidations by eminent specialists of subjects of comparatively more recent discussion. It does not take the length of a Rip van Winkle sleep nowadays to wake up to strange realities in many a department of the healing arts and sciences. A year or so of watchlessness may suffice to make a once well informed physician a stranger to even the scientific language of modern medical writers. To save us from such ignorance it is not enough to subscribe to a monthly, or weekly medical journal, for certain reasons, we must have the more thorough volumes like the one before us here. We have reviewed a number of previous volumes of this series, and are grateful to say that this volume too, fully sustains the high aims editors and publishers have set before them in the selection and production of the series.



Syphilis; Its Diagnosis and Treatment, by Wm. L. Gottheil. Publishers, Engelhard & Co., Chicago. \$1.00.

A valuable resumé of the subject for any physician, but especially for the non-specialist, who has a case of syphilis only occasionally to treat. It is written in very readable language, well illustrated, and printed and bound in excellent style.



Food Value of Meat, by W. R. C. Latson, M. D. Published by Health Culture Co., New York. \$0.50.

The gist of the booklet is vegetarianism, fitly expressed by the author's own authoritative diction, "Flesh food not essential to mental or physical vigor." The booklet does not settle the question of animal food, but it presents the vegetarian side skillfully.

Condensed QUERIES Answered

PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage, and would be pleased to hear from any reader who can furnish further and better information.

Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it.

Positively no attention paid to anonymous letters.

ANSWERS TO QUERIES.

Report on Query:—"Renal Deficiency." Urine increased from thirteen to forty-eight ounces, s. g. 1020 to 1030, headache all gone, feeling fine; have her on strychnine arsenate, wild cherry and macrotin. Urine still pale, cloudy and offensive. Would calcium sulphide do good?

"Nasal Catarrh." I am 33, had nasal catarrh for twenty years, cauterized a year ago, adenoids removed two years ago, using Dobell's with post-nasal syringe.

Doctor, I feel so thankful to you for the aid you have given me in the above case. The CLINIC is grand.

S. G. M., Ohio.

I am a little uncertain about calcium sulphide in this case, and would advise that instead of it you use arbutin, from four to twelve granules a day.

In your own case the euophen mixture would do finely after cleansing with Dobell's. Use it twice a day for a month and you will find a big change.
—ED.



Reply to Query 2254:—"Impregnation by Capsule." This peculiar man-

ner of impregnating the female is an established custom in veterinary practice. It is not unreasonable to believe that the semen in the capsule can be kept active for some time by regulating and maintaining a normal environment.

JAMES BURKE, M. D.
Sherwood, Wis.



Report on Query:—"Impotence." I first gave phosphorus gr. 1-100 and strychnine gr. 1-60. For burning on urinating I added liquor tritica two ounces, fluid extract saw palmetto and fluid extract sandal wood one ounce each, a teaspoonful four times a day. I ended the treatment by giving testicular extract 12 grains a day. The patient is cured.

C. B., Wisconsin.



Comment on Query 2319:—This man really has bradypermastism rather than stricture. The seat of trouble is in the base of the brain, not local. I cured one bad case, who paid a courtesan \$20.00 for ten hours' trial and failed. Treatment: Phosphorus and strychnine, cicutine hydrobromate and caffeine, alter-

I consider the September CLINIC not only the best issue of its own series, but the most interesting and valuable copy of a medical journal I have ever seen.
Chillicothe, Missouri.

DR. ELMORE W. MURRAY.

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nated every two hours. He was cured in three months.

H. C. B., Illinois.



Answer to Query 2398:—Take of peppermint water fifteen ounces, aromatic sulphuric acid one ounce, carmine granules forty-eight, magnesium sulphate enough to saturate. Dose, as to the effect desired and patient's age.

I am 73 years old and have always

practised in the country. Like all country doctors I must consider the cost. I keep the above mixture on hand, labeled "Saline Cathartic." If long kept I add four drops of beechwood creosote to the ounce.

E. W. M., Oregon.

This is a good idea. Let others follow with a line of inexpensive preparations for country doctors' use.—ED.



QUERIES.

QUERY 2460:—"Uterine Fibroid." Girl, 20, strumous, anemic from hemorrhage, intramural uterine fibroid.

Are hydrastine and hydrastinine identical? Uterus curetted with benefit, but since taking hydrastine this has not been required.

D. J., Kentucky.

Hydrastinine is not the same as hydrastine, and the former has a more powerful and direct influence over the uterus. The treatment must be persisted in for a long time to get benefit, but in these days the world is in a hurry; and most people get tired and go to the surgeon before time elapses for the slower and safer processes of physicians.—ED.



QUERY 2461:—"State Examinations." What states do not require physicians to pass examinations to practise?

R. K., Ohio.

There is no examination in Alaska, Indian Territory excepting the Cherokee and Choctaw Nations, Kansas, Oklahoma and Vermont; and I think all others require examinations; at least all others have medical laws, and State Boards of Health or medical examiners which control the matter. However, the laws are variable and varying to such an extent

that I cannot at all vouch for the accuracy of the statements given above. Persons desiring information of this kind should write to Dr. J. A. Egan, Secretary of the State Board of Health of Illinois, at Springfield, Ill., who will furnish such information on application; and what Egan says may be relied upon as official and accurate.—ED.



QUERY 2462:—"Cardiants." What alkaloid can I combine hypodermically with hyoscyamine or atropine to regulate the pulse-rate? After a few doses of the above I find the pulse at 120 for 48 hours; no alarming symptoms; but would like something to slow pulse without weakening. Would cicutine or caffeine answer? What effect has hyoscine on the pulse? Would cannabin tannate increase the action of such a combination if pushed to full physiologic effect? What effect should be expected from hyoscyamine gr. 1-4 hypodermically, as recommended by Bartholow? Is it an established fact that codeine does not create a habit?

O. A. Y., Ohio.

Hyoscyamine and atropine increase the rapidity of the heart-beat by taking away the resistance in front of the blood-stream; that is to say, they dilate the cap-

The combination "Heart-Tonic" is an admirable combination, by which the heart's force is increased and arterial tension relaxed.

illaries, making the work of the heart easier and necessarily more rapid. Therefore, to combine anything with them to obviate this would defeat the purpose for which they are given. No alarming symptoms ever follow the proper exhibition of these drugs. When the capillaries are wide open they have done their work and should be suspended. I would not advise the admixture of anything to attempt to control this effect. Bartholow's dosage needs revising. I should send for the undertaker before I gave the dose suggested. It might not kill, but its effects would be exceedingly uncomfortable, and I would not want the dosage proved on me. Hyoscine does not quicken the pulse but it reduces vascular tension. Cannabin tannate is too slightly soluble for hypodermic use.

It is true that codeine does not produce habit with most people; with some, however, it does; and it is therefore a drug which needs watching. In fact, one can form a habit in most any direction.—ED.



QUERY 2463:—"Autoinfection." Do you publish any book or matter upon the subject of autoinfection, etc?

My wife has a time with this sort of thing, about once every two or three months, and I have been unable to find anything treating upon the subject, or just the proper remedies to head it off. Have never used the alkaloids but am not yet too old to learn.

A. A., Indiana.

We do not publish any special book upon autoinfection, because the CLINIC itself in every number treats of that matter to superabundance. I enclose you some literature on the intestinal antiseptics and so on, which may meet your wishes. Use the intestinal antiseptics in your wife's case and similar ones, and

The CLINIC has grown in favor until it has become my favorite journal. Cannot afford to be without it.
Whitwell, Tennessee.

you will soon be able to write a book of the kind yourself.—ED.



QUERY 2464:—"Sterility." Man had gonorrhea six years ago, again three years ago, gleet remaining. Married two years ago; unnatural craving for indulgence, premature ejaculations, occurring even without contact; anxious for children.

P. W., Mississippi.

As to whether this man is sterile or not you can only determine by having the semen examined to see if there are any spermatozoa present. If he had double orchitis he is probably sterile. For treatment he should have locally a few drops of Euarol injected into the prostatic urethra once a day for a month, and internally take the Triple Arsenates with Nuclein, one tablet before and after each meal and three at bedtime. In addition to this you had better get the book on Sexual Hygiene, read it yourself, and if you think best let him have it.—ED.



QUERY 2465:—"Tobacco-habit." I have patients who use tobacco to excess, suffering indigestion, insomnia, functional heart-trouble, irritability, etc. Please give treatment.

W. A., Washington.

If a man does not want to stop tobacco it is not worth your while to worry with him. If he really does wish to stop it, freshen up his stomach with a morning dose of Saline Laxative, a teaspoonful in a glass of cold water. Let him take every hour or two during the day a granule of berberine, allowing it to dissolve on the tongue so as to keep constantly a little bitter taste in the mouth. This is not as promptly effective as coca, but the latter is such a dangerous drug that I prefer

DR. L. L. JANEWAY.

The Alkaloidal Clinic

to let these people go on with their tobacco rather than use it.—ED.



QUERY 2466:—"Debility." My daughter, 23, losing weight for three years, feels weak on exercising, intense heat in chest at times, palpitation, heart feels heavy at times, short of breath going up stairs, pain in left chest, hands moist, no cough, can not bear heat of stove, anemic.

G. L., Indiana.

See whether the renal elimination is at fault. I judge you will find her eliminating less than 500 grains per diem. If so, give her nitric acid dilute, ten drops before each meal. She needs also the Triple Arsenates with Nuclein, a tablet every hour while awake. This will probably give tone to her heart as well, but possibly she may need a few Heart-Tonic granules for a while in addition. In spite of what you say, as to her stomach being in good condition, I fear the digestion is not up to the standard. If this is the case and she is not digesting enough food for her needs, substitute nitromuriatic acid, five drops of the strong acid for the nitric, and let her take a Caroid tablet after each meal. Hot salt baths, or rubbing the skin with towels dipped into strong brine and dried, would be of use also. Finally, I would suggest a change of air and scene for her.—ED.



QUERY 2467:—"Books." I need works on hygiene, skin and venereal diseases, sexual diseases of women, for teaching purposes; something practical without padding.

Can you furnish me information on the action of tincture of honey-bee on the female reproductive organs?

Is Valentine's work on gonorrhea worth purchasing?

W. S., Missouri.

I know nothing better than "Sexual

Hygiene" on the sexual functions of either sex. Harrington's book is a fine one, published by Lea. Of the works on venereal diseases I know of none better than that of Dr. Lydston, published by the F. A. Davis Co. In skin diseases the best thing we can recommend to you is one of Saunders' Hand Atlases, a very remarkable book to be put out at the price at which it is issued, considering the illustrations.

I know nothing of the action of the honey-bee, which I think has never been tested excepting by the homeopaths. I do not know Valentine's work on gonorrhœa.—ED.



QUERY 2468:—"Phthisis." Maiden, 44, good health until two months ago, since which she has cough, pulse 100, resp. 20, temp. 99.2, viscid sputa, dullness over right lung, moist rales and some crepitation, axillary pain and some friction; similar conditions followed in the left lung.

J. N., Kansas.

Mixed infection following *la grippe*, with an obscure pneumonia; will be consumption of the worst kind sooner or later unless you can stop it. Large doses of nuclein hypodermically, half a syringeful once a day for three days, repeated in one week, with glycero-phosphates, good food, out-door air, etc., with abundant lung gynamics, offer best chances. You should have Waugh's Book on the Treatment of Respiratory Diseases, which will give you many ideas as to the treatment of this case and kindred conditions. There is no use of mincing matters, this poor girl has practically got consumption, and the world is full of people in her predicament. But you can knock it out if you get at it right, provided she has sufficient recuperative vitality. Good luck to you, Doctor.—ED.

Has modern pharmacy aught to offer in elegance and efficiency, for gastro-intestinal maladies? Send to Sharp & Dohme for a sample of Pan-Peptic Elixir & Benzothymol.

QUERY 2469:—"Phthisis." Male, 53, last winter had two attacks of grip, second attack lasted about 4 weeks and terminated in a cough, termed by his physician bronchitis. This lasted till spring, when it grew better, but a swelling appeared on the right side of the neck about the size of $\frac{1}{2}$ egg, opposite the lower border of the larynx and just in front and partially under the sternomastoid muscle. It is somewhat indurated and painful on pressure and there is also pain all over the side of his head from pressure on the nerves. Every morning he expectorates an ounce of such material as you see, and perhaps once during the day; and says that he does not cough it up but draws it up from this point. His heart, lungs, kidneys and bowels are normal. He feels well except for the discomfort this produces, which is considerable and getting worse. Had temp. of 101 degrees in the afternoons and is very thin, weighing 130, 5 ft. 10 in. tall.

I have now been reading the CLINIC for a year, and believe I shall soon begin the alkaloidal treatment, for it is all right.

B. A. B., S. Dakota.

The report from the laboratory shows this to be a chronic infection, originally pneumonia, but several other microorganisms have joined in to make that man's existence cussed. I judge that the tumor is a suppurating gland. Calcium sulphide in maximum doses, keeping the bowels clear and aseptic, with the tonic arsenates and nuclein two tablets every two hours while awake, and ointment of red oxide of mercury rubbed in over the tumor every day until the skin commences to peel. Then apply a plaster of phytolacca. This strikes me as being the particular method necessary in this case, but by all means get Waugh's book. You will find it pays you. If you do not think so, send it back and I will return your money.—ED.

The CLINIC is a most welcome visitor. Cannot afford to be without its teachings.
Longbranch, Missouri.

QUERY 2470:—"Location Open." Our doctor is dead, and we want another as good. We are six miles from the county seat, in a good fruit country where collections are good. A fine opening for a doctor willing to live in the country, but not an out-of-the-way place by any means. Would not one of your readers like to come to this Eden of Fruits.

E. ETHERIDGE.

Statler, Ark.

I think we will be able to find you someone, but good alkaloidal doctors rarely have occasion to change their location. They are scarce.—ED.



QUERY 2471:—"Post-graduate." Having often followed your advice with satisfactory results, it seems quite natural to come to you again. I propose making a specialty of electro-therapeutics, X-ray work, hydrotherapy, mechanotherapy, pneumato-therapy and suggestion. Where can I take the best special courses, and procure an outfit, in Chicago or New York?

A. R., Texas.

Come directly to Chicago and see Dr. Neiswanger at the Illinois School of Electro-Therapeutics, Champlain Bldg. You can get much of what you want there, and if you call and see us personally we would be glad to advise you in regard to the rest.—ED.



QUERY 2472:—"Hysteria." Girl, 20, blooming health, has difficulty in swallowing, nothing found on examination. She is nervous, pulse 130, no soreness of throat or enlargement of tonsils, sings well, but only swallows with great effort; this has existed ten years, worse on eating acids.

L. J., Illinois.

I think the case hysterical, but that does not explain it. See whether there is any enlargement of her thyroid gland or goi-

EDWARD DUNCAN, M. D.

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ter, which seems to me very likely. Give her digitalin if her heart is weak, but if it is strong let her have veratrine. Give one or the other, whichever is indicated, enough to pull the pulse down below 90. Let her have sanguinarine, one granule every hour through the day, sucked like a lozenge, and paint with iodine under each ear, that is over the parotid glands.—ED.



QUERY 2473:—"Dyspnea." Man, 19, no fever, pulse 80, going to 100 on slight exertion, heart labored, each beat lifting skin at apex, breath labored, must take occasional long breaths to get relief, pain in chest from third to eighth rib on both sides, percussion flat, moist crackling sounds between inspiration and expiration, continuous, heard alike in front and back.

A. N., Iowa.

Is it not cardiac hypertrophy? Or has this boy a pleuritic effusion? It seems so, or possibly an effusion in the pericardium, which is less likely. Add arsenic iodide four granules a day to your treatment. Restraine the heart with veratrine. Keep his bowels clear and aseptic and give him concentrated food with as little liquid as possible.—ED.



QUERY 2474:—"Leucorrhea." Maiden, 30, menses profuse but regular, followed by profuse leucorrhea not improved by B. U. T. and vaginal antiseptics. Would you advise Euarol injected into the uterus? She has asthma and is losing flesh.

C. C., Maryland.

Yes, in this case I would advise Euarol locally, but the woman needs something more, and this something more I would look for in berberine, gr. 1-6 three to seven times a day in the intervals between menstruation. When the flow occurs

Autotoxemia accounts for 40 per cent. of the fever. Give Salo-sedatus and get that off your hands; the rest is easily managed.

change to hydrastinine three granules a day. Probably she also needs something like the Triple Arsenates with Nuclein, as a powerful reconstructive, in the intervals. If she is as debilitated as I think, the local treatment alone would hardly answer.—ED.



QUERY 2475:—"Epithelioma." An old man has a skin cancer half an inch below the left eye. Would the eye be endangered by using Gottheil's paste? Could orthoform be first used to make it painless?

G. M., Texas.

The use of Gottheil's paste will not injure the eye unless left on too long, or accidentally getting in contact with it, in fact, unless the eye is really involved in the cancer. I see no reason why you should not use orthoform before applying the plaster. It will make it easier for a while, although the orthoform effect will not last as long as the caustic application.—ED.



QUERY 2476:—"Caustic." How long should the Dermal Caustic be left upon the skin, to remove an ordinary blemish without leaving a scar?

W. G., Mississippi.

It is impossible to say just how long to leave a drop of caustic on the skin. Wet the blemish over thinly, and let it dry out, killing a part or all of the growth as the case may be; and if only a part then repeat, preferring to repeat several times if necessary rather than to go too deep.—ED.



QUERY 2477:—"Urethral Stricture." Man, 54, organic urethral stricture for thirty years, meatus contracted, stricture half an inch from it, can only pass a number five, and that not into the bladder from extreme tenderness at its

neck, cystitis some years, urine gelatinous on standing and very offensive; has taken Sanmetto with benefit; Urotropin clears urine temporarily. Would Euarol benefit him?

W. K., Ohio.

There is no question but that Euarol will give relief but it is absolutely necessary to have those strictures opened up. I have on one occasion had an organic stricture totally disappear after about six weeks' daily use of Euarol, but it was a recent stricture. Employ electricity and cure him rapidly, painlessly and safely. Possibly the injection of thiosinamin into the tissues of the gluteal region would cause a cure. I do not know. It is claimed that it will do so. But you will not have a cure until those strictures are thoroughly opened up and the tenderness removed by the Euarol.—ED.



QUERY 2478:—"Renal Deficiency." Girl, 15, picture of health but frail, pulse 100, no fever, constipated, urinates once in twenty-four hours, s. g. 1010; tires quickly on exertion, heart normal, menses regular, discharge like tar, constant pain in lumbar region and frequently in the back of the head, pain in the side she lies upon and sometimes between shoulders, poor appetite, pains not affected by movement, no tenderness, is most comfortable lying on stomach. I suspect masturbation and hysteria.

Although I get no phenomenal results from the granules I like them better than the old way, and get good results. Then I know just what I am doing.

G. W., Missouri.

You may be right in your suspicion as to this case, but at any rate there is evidently a lack of renal elimination, which would account for all the symptoms. Regulate her bowels with the Anticonstipation granules, giving them according

I have had good results from the use of Vaginal Antiseptic in cases so far treated.
Lafayette, Indiana.

to directions. Give her 15 drops dilute nitric acid before each meal, to increase the renal excretion of solids; and add to this the Triple Arsenates with Nuclein as general reconstructives, one tablet every two hours, each taken with a third of a glass of water. This will insure a larger amount of fluid, which she evidently needs. Continue this treatment at least a month. There is a new remedy for renal laziness called boldine. We are trying to get hold of it, and have bought all there is in America and sent to Germany for more. We have a little and I am trying it on my private patients. It certainly works like a charm, acting on the liver and on the kidneys better than anything I have yet tried. It is of course expensive, because it is so scarce. Dose is one granule seven times a day, that is, before and after each meal and on going to bed. If you feel like trying this I can spare you 100 granules, for which the price will be \$1.00.—ED.



QUERY 2479:—"Pile-pipe." I need a pipe with a plunger for introducing suppositories or ointments into the rectum. The lumen should be one-fourth to three-eighths inch. I can find nothing of the sort in the surgical catalogues.

J. J., Florida.

There is a pile-pipe devised by Dr. Abbott, which has proved very effective indeed for use with ointments. This is just what you need.—ED.



QUERY 2480:—"Seat-worms." How would you treat a case of seat-worms resisting all treatment?

A child two years old whose navel has never healed, it bleeds every three weeks.

T. M., Kentucky.

For seat-worms wash out the bowel with a solution of zinc sulphocarboilate

DR. F. M. JEFFERS.

The Alkaloidal Clinic

five grains to the ounce, passed up into the colon through a long tube. Apply about the anus carbolic ointment 30 grains to the ounce, to destroy the eggs. Continue this daily for a week and I think you will find that the malady has disappeared, although I will not guarantee against reinfection. Also give this child iron iodide, a tablet three times a day, continued for a month or two, unless symptoms of iodism occur.

Treat the navel simply by dusting with some good powder, like the Campho-phenique powder, after thorough washing.—ED.



QUERY 2481:—"Cerebral hyperemia." Woman, 42, nine children, weighs 360 pounds, still menstruates, had pruritus vulvæ and piles, fever to 102, tongue bluish, skin yellowish, has constant pounding in head, sees floating insects, worse on walking, with dyspnea, very weak, better on lying down but pounding never stops; pulse normal but rapid, urine normal, bowels regular.

J. M., Illinois.

The pounding you describe looks much as if the blood-pressure is too great for the brain to withstand with comfort. Possibly, though not probably, the effect is due to passive congestion, but I think not. If I am right the remedy is colchicine, enough to keep the bowels somewhat loose, phytolaccin two granules every two hours except when asleep, and close limitation of the amount of liquid taken. The colchicine should be given in doses too small to excite nausea. If the pounding continues you might add gelsemin. The limitation of the amount of water taken will however be the most valuable addition here, and under it her weight should be reduced, her comfort and strength greatly increased.—ED.

The treatment of inflammatory maladies by external applications has undergone a remarkable revival since the advent of Antiphlogistine.

QUERY 2482:—"Varix." What do you advise for varix of the internal saphenous vein, at the middle of the tibia and over the inner condyle of the femur? It has lasted nearly two years, sometimes confining him to bed. The patient had tubercular peritonitis for which I removed most of the great omentum. He made a good recovery.

W. H., Michigan.

See if there is not some obstruction to the return of the blood through the saphenous opening. I once found such an obstruction in a syphilitically enlarged gland, which subsided under iodine. Give berberine gr. 1-6 four times a day, continued at least a month. Possibly hamamelin in the same dose would do still better. Keep the bowels clear and aseptic. Possibly in view of the history there may be a tuberculous gland, which you can find and remove.—ED.



QUERY 2483:—"Puzzle." Boy, 16, tender over stomach and liver, spells of crying, restless, legs limber when walking, tongue thick, at times drawn, takes effort to pronounce distinctly, weakness in arms and hands, cannot use finger-ends well, but uses sides or back of fingers or palms, intelligence unimpaired, kidneys and digestion and sleep normal; pulse 90, falling to 78 after calomel and salts; crying ceased under nerve sedatives, no previous illness except tonsillitis.

W. G. Missouri.

I am not prepared to diagnose this extraordinary case. Would only do so after a personal examination, and that I suppose is impossible. But the indication is clear as to treatment. Regulate his diet most carefully, keep his bowels empty by colonic flushing, and aseptic, giving the W-A Intestinal Antiseptic one tablet every one to three hours, adding to such dose from one to three granules of jug-

landin and one granule copper arsenite gr. 1-1000. The relief following your excellent preliminary treatment shows that this conception of the disease is probably correct.—ED.



QUERY 2484:—"Kerosene." What is the best antidote and treatment for coal-oil poisoning?

W. L., Texas.

Gould says that petrolatum causes burning in the alimentary tract, skin cold, pulse feeble but regular, respiration sighing, thirst, restlessness, oil in dejecta. Treatment: Evacuate, stimulate, warmth, artificial respiration, stimulants to skin.—ED.



QUERY 2485:—"Varicose Ulcer." My father, 71, has long suffered varicose veins and occasionally ulcer below the ankle. I am now 41 and for some years my leg-veins resemble my father's, showing through the skin below the ankle, like the moss in a moss agate, with constant itching. How can I prevent being affected like my father?

I have suffered periodic headaches for thirty years. Under zinc phosphide, strychnine and cannabis, followed by Kenyon's Neuralgia Remedy, I am almost entirely cured; no attacks for three months; previous to that they occur d almost daily.

C. C., Colorado.

Apply locally an ointment of turpentine, with the double purpose of increasing the nutrition of the part and stimulating its vitality. Internally give hamamelin, a granule four times a day, and continue it for six months at least, thinking that it will increase the tonicity of the smaller blood-vessels, the capillaries and veins. Are your headaches due to uremia? If so, moderate your use of nitrogenous foods, meat and other animal products. This with the treatment you

I use alkaloidal medication altogether, with many long years of deserved prosperity.

Scott, Pennsylvania.

have taken would be excellent. It is not sufficient to relieve, but we always desire to remove the cause of maladies when possible.—ED.



QUERY 2486:—"Business." What books have been published on the business aspect of medical practice?

F. D., Kansas.

The first book on the business side of medical practice I recollect was by Dr. Cathell of Baltimore. I think it is now out of print. Dr. J. J. Taylor of Philadelphia followed with an excellent work on the same subject. I do not now recall any others which I can recommend.—ED.



QUERY 2487:—"Ulcer of Leg." Woman, 46, past change, healthy except ulcer on leg, two inches by one and a half; swelling and pain greatly relieved, ulcer is turning dark, thin yellow watery discharge; ulcer of 36 years' standing, veins varicose.

Man, 70, ulcer on leg, smaller but very similar.

L. B., Indiana.

You will have to support this leg with a flannel bandage, and apply Bovinine on lint to the ulcer, changing twice a day. In the second case use the same treatment, in both giving berberine gr. 1-6 four times a day, as an astringent to the tissues.

If it had been tubercular it would have killed the woman long since. Possibly you might find some microorganisms present, especially staphylococcus, but I would disregard them. If you support the limb properly I do not believe the dark spots will slough. If you think it requires stimulation, use an ointment containing a little oil of turpentine.—ED.



QUERY 2488:—"Phosphaturia." Man, 55, history of gall-stones, for a week has noticed obstructed urination, tenesmus

astounding and beautiful results, and wish you

H. D. GUIDRY, M. D.

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and then incontinence, bladder irritable; improved under salol. I send urine for examination.

W. F., Minnesota.

The examination shows a very high specific gravity, and a possibility of urinary calculus. Let the man take Urotropin, 30 grains between supper and bedtime, and drink an abundance of pure water, with a morning dose of Saline Laxative to keep the bowels regular.—ED.



QUERY 2489:—"Chiggers." What can I do for chiggers?

J. H., Ohio.

Put on your magnifying glasses, take a pair of dressing forceps and a scalpel, and dissect the chigger out without breaking the sac. The old negro mammas in the south do this with a needle very successfully. If you are unlucky enough to break the sac, at once fill the cavity with absorbent cotton saturated with oil of turpentine, changing it two or three times a day.

I clipped the following from an exchange:

"Take a vial and stuff it with absorbent cotton; then saturate the cotton with chloroform; cork it tightly until needed. Sig.; Apply the mouth of the bottle tightly over the point of irritation (chigger) for one or two minutes, then proceed to the next. The relief is immediate, and the chigger dies a painless death."—ED.



QUERY 2490:—"Powder Stains." Man, when a child burned by gunpowder explosion, face badly marked. What will remove it? I like the CLINIC very much.

R. P., Arkansas.

Hydrogen peroxide is now being used to remove powder stains. Whether it

The "Pink Calomel" tablets, calomel with aromatics, never lose a place once occupied in the pocket-case. Children take them with relish.

will do so in such a case I do not know. Try it and report.—ED.

QUERY 2491:—"Liver Pain." Woman, 60, history of bad heart, rheumatism, gastro-hepatitis, constipated, clayey stools, pains in liver, and bronchial pneumonia; bad breath, worse in morning; very weak, pulse 90 and thread-like, tingling and numbness in fingers and toes, some pain over liver and colon, passes one pint of urine in 24 hours.

The young man with tubercular disease of the hip-joint is improving under irrigation with zinc sulphocarbolate. Sanitas oil did no good; healed under formaldehyde and iodoform and is now at work. I find THE ALKALOIDAL CLINIC very useful.

E. B., Illinois.

The examination of the urine does not present very much of importance. The presence of bile and oxalate shows the digestion to be imperfect, and here I would base the attack. Regulate her diet carefully as to quality and especially quantity of the food, keeping her a little hungry all the time and not allowing the stomach to be over-full. Better give food every four hours, and not to exceed eight ounces at each meal. Half-way between each meal give a tumblerful of some fruit juice, freshly pressed from the fruit. Let her have a Caroid tablet after each feeding, and before it give berberine gr. 1-6 and juglandin three granules. For her heart I would advise sparteine gr. 1-6 four times a day, as this is less apt than most cardiac tonics to interfere with the action of the stomach.—ED.



QUERY 2492:—"Epilepsy." Mother, 34, *petit mal*, began in first pregnancy, choking sensation, heart disturbed, fullness in head, did not lose consciousness, later had a blank feeling lasting a few

moments, five or six times a day, may occur in sleep also, slight albuminuria, now pregnant.

E. M., Kentucky,

Examine the urine and see first, whether the renal elimination is up to the standard; second, whether uric acid is being eliminated. Let the patient use as little nitrogenous food as is absolutely necessary. Keep her bowels clear and clean, and give viburnin from one to three granules before and after each meal, and a double dose on going to bed, beginning with one granule at each dose and increasing whenever she has a spasm, until you reach the dose that will stop them completely.—ED.



QUERY 2493:—"Hernia." Do you advise the injection method? Tell me a harmless fluid that will do the work. I can not get along without the CLINIC, now that I have read it for a year.

C. B., Michigan.

I am informed by a specialist in this line that about 5 per cent of hernial cases are suitable for injection. I cannot recommend a fluid, but will publish your request and ask for reports.—ED.



QUERY 2494:—"Convulsions." A mother, 33, three years ago began having spasms, when six months pregnant; begin ten days before periods and last till ten days after them, come at any hour day or night, is unconscious a few moments, then goes about work, bowels and menses regular.

What is the best remedy for Hodgkin's disease. Cervical glands interfere with breathing, cannot lie down, has lost 50 pounds.

E. C., Texas.

Examine this woman's urine and find out whether the total elimination of solids is fully up to the standard, also if al-

The CLINIC talks much like one who has Reverie, Tennessee.

bumin is present. It does not look like epilepsy. Examine also her rectum and genitals for sources of reflex irritability. Until this is done I dare not advise treatment. Of course the use of cicutine hydrobromate, from five to ten granules daily, and gelsemin three granules daily, would moderate the irritability and lessen the tendency to convulsions, but this does not strike at the cause.

In Hodgkin's disease put the patient upon arsenic iodide four granules, mercury biniodide 12 granules, this being the dose for each twenty-four hours. Locally apply iodine ointment and drive it in by the galvanic or static current.—ED.



QUERY 2495:—"Osteopathy." Have you anything describing the method followed by osteopaths?

H. N., Pennsylvania.

In American Alkalometry you will find a four-page editorial on osteopathy, which covers the subject better than anything else I have seen in print. It gives full material for fighting as well as for understanding this thing.—ED.



QUERY 2496:—"Urine Retention." Man, has had burning urination for a year, improved under Euarol and saw palmetto, with white pine as an injection; blood followed use of catheter, no stricture, prostatic urethra tender.

E. C., Ohio.

To the saw palmetto add fluid extract of corn silk, and besides the Euarol would apply locally the one per cent solution of Protargol, which is an excellent tonic in such cases. When better it would be advisable to give him from three to five granules daily of cantharidin. This small dose acts as a tonic where larger ones would irritate. If the

a knowledge of what he is talking about.

J. W. ETHERIDGE, M. D.

The Alkaloidal Clinic

blood continues, use in addition eucalyptus, about ten drops a day of Sander's oil being the proper dose.—ED.

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QUERY 2497:—"Creche." Is there any institution in Chicago where a girl can be shielded and surrounded with good moral influence during confinement?

A man, syphilitic, treated two and one-half years, taken protiodide with tonics for a year, still has some secondary symptoms about the back and gluteal regions.

B. A., Illinois.

The girl can be accommodated at the Beulah Home, on N. Clark St. Or if her family were willing to pay \$100 she could be placed with private parties and the child adopted.

To the syphilitic, the mercury has not been given in large enough doses. To get the best effect you should keep as close to the salivation line as you can get without touching it, and when this has been done I rarely fail to cure these cases in a year. However, it might be well in this case to stop the mercury for three months, giving the vegetable alternatives during this period, such as alnuin, phytolaccin and stillingin, three granules each before and after each meal and on going to bed, and applying mercury oleate or ointment of red precipitate twice a day to each of the indurations remaining. This would fill the bill.—ED.

¶

QUERY 2498:—"Embalming." Will you give latest and best formula for the embalming of the body for dissecting purposes?

C. E. J., Arkansas.

I know of nothing better than the old-fashioned zinc chloride for embalming. Maybe somebody else knows better.—ED.

¶

QUERY 2499:—"Nervousness." Do you consider Waugh's Nervine gran-

ules the best remedy you have for sleeplessness?

M. D. B., Illinois.

The nervine is a good remedy for sleeplessness. Many cases, however, do better on hyoscine hydrobromate, and some on veratrine or the Dosimetric Trinity. So you see I cannot advise very closely unless I know just what cases you wish to give it for. When the insomnia is due to lack of circulatory equilibrium, with debility, a Dosimetric Trinity answers well. If the debility is not present, but the contrary, veratrine gives better results.—ED.

¶

QUERY 2500:—"Osteopathy." Can you refer to me any work on osteopathy which will expose the humbug?

A. C., Pennsylvania.

If you look in "American Alkalometry," Vol. 1, you will find the most complete exposé of osteopathy that has ever appeared. I took great pains with this, corresponding with people all over the U. S. and fully exposed these people as liars from away back. In return for this they quoted several parts of sentences, making it appear that I advocated osteopathy, just as the Keeley people did with a speech of mine ten years ago.—ED.

¶

Query 2501:—"Gonorrhea." Mother, gonorrhea with endometritis for two years, last child a year old. Regulated bowels with Waugh's Laxative and Saline Laxative, gave calcium sulphide 8 grains daily, irrigated vagina with two gallons of hot water, teaspoonful of salt to the pint and enough sodium carbonate to break the water, then introduced speculum and sponged thoroughly with lintine, then passed uterine syringe to fundus and injected half an ounce of hydrozone undiluted, then followed with half an ounce solution potassium perman-

A snap! Betz now offers his \$24 dry hot air outfit for \$18.00, with all attachments, money back if not satisfactory within thirty days. Fair enough.

ganate 2 per cent.; with this mopped vagina and cervix thoroughly, sponged dry and injected one dram Euarol, then tamponed with lint saturated with boroglyceride, or applied W-A Vaginal Antiseptic. She has improved much but is not near well; still discharges some pus. There is no fever or chill, no ovarian pain, urethritis promptly cured by similar treatment, bladder irrigated with boric acid, says she is better than for two years. When I began she was confined to bed with fever and rigors; now comes horseback six miles to my office for treatment.

D. A., Indian Territory.

Your exceedingly careful and scientific treatment has certainly done much for this woman, and the reason you have not completely cured her may be this: First, there may be a focus of the disease beyond the reach of your application, in the fallopian tubes. Second, her strength may be insufficient to set up curative action. I have sometimes succeeded in meeting the first difficulty by inserting an insulated electrode, after applying the Euarol, connected with the negative pole, and placing the positive pole over the affected tube, using a galvanic current as strong as can be borne, for five minutes or longer. Or you might meet the difficulty by doubling or trebling the amount of calcium sulphide you are giving, which can be done with impunity. If, however, you think the second alternative is the correct one, simply add to your present treatment the Triple Arsenates with Nuclein, two tablets every two hours, to reinforce the general vitality; and berberine gr. 1-6 every two hours, to cause tonicity of the tissues involved in the disease.—ED.

*

QUERY 2502:—"Dysmenorrhea." Wife, 28, menses regular, with severe pain lasting four days, badly constipated, vagina inflamed, leucorrhea, wants children.

The Abbott Alkaloidal Co.'s preparations are O. K. They do for me just what they agree to do.
Mt. Idaho, Idaho.

Will the W-A Vaginal Antiseptic tablets produce abortion if introduced into the vagina?

E. C., Texas.

Regulate her bowels with the Saline Laxative, a full dose on rising, and one or two granules of podophyllin on going to bed. For her dysmenorrhea Buckley's Tonic will work all right when the bowels are regulated. Use Euarol for the endometritis also, injecting it twice a week during the intervals. The tablets will not produce abortion.—ED.

*

QUERY 2503:—"Acne." For some months I have had trouble in my larynx, pain extending to the ear, mucus in throat, which feels raw, but I have no cough.

I have acne on the forehead and chin. My eyebrows and lashes are becoming loose and come out on slight pulling.

A. A., Missouri.

As far as the irritation in the larynx is concerned I know nothing so good as Euarol, applied with an oil atomizer. It should be used two or three times a day, the spray drawn well down into the lungs and continued for months. For the acne you should take internally a dose of Saline Laxative every morning, enough to keep the bowels regular, for constipation is the most common cause. Besides this, take berberine gr. 1-6 four times a day, to contract the dilated capillaries. To the eyebrows you had better apply a little of the Euarol, well rubbed in every night, and also about the roots of the lashes; but do not get it in the eye. You can manage this by using a very little. I fear you are eating too much meat for the amount of exercise you take. Anyone's lashes come out on slight pulling —same with the eyebrows.—ED.

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QUERY 2504:—"Enuresis." Boy, 8, otherwise in good health, but anemic, wets the bed at night.

L. M., Pennsylvania.

I have found considerable benefit from giving rhus, one to three granules daily, with hyoscine hydrobromate at bedtime; but in obstinate cases I apply Euarol to the urethra, and always find undue tenderness there, which subsides under this treatment.—ED.



QUERY 2505:—"Phthisis." June 8, I had fever, 102, pulse 108; on 11, slight cough began; some fever, with loss of weight and strength, continued for two weeks. I had been attending measles and expected the eruption. Night-sweats from first. Sputa, larynx and blood examined, no germs; urea deficient. June 29, tenesmus and colic occurred. It was Aug. 14 before I had a formed stool. Right apex consolidated, also below scapula, no rales, slight pain on coughing or deep breathing in this region. I have gained some flesh, temp. 99, good appetite, feel stronger, but tire quickly. Where shall I go to recover and to practice?

R. S., Indiana.

I am sorry to hear of this attack, which, although you are recovering from it, I look on as one of the gravest importance. As to location, there is no doubt whatever in my mind. You should at once go to Phoenix, Arizona, and there make up your mind whether Phoenix, Prescott or Tucson would best suit you, or possibly Wilcox. Either of these would suit as far as health is concerned, but I am uncertain as to which would be the best for business.

In my book on "Diseases of the Respiratory Organs," the whole subject of climatology and the various forms of phthisis is thoroughly considered, much

If you doubt that there is something beyond the chemist's ken in living blood, try Bovinine on the next case that fails to respond to dead food.

more at length than I could possibly do in a letter.—ED.



QUERY 2506:—"Tape-worm." I tried the A. A. Co.'s Tape-worm remedy on a case that had resisted at least a half dozen trials from other doctors. After three hours sixty feet with scolex were passed intact.

Another case on which attempts have been made frequently for over twenty-five years, but always failed. I wish to try our alkaloidal remedy on him. He is a saloon-keeper, and thinks he can take twice as much medicine as his son, from whom I removed the sixty feet. Can I safely give the whole bottle at one dose? What is your usual fee for removing a worm complete?

J. E. R., Illinois.

I know of no reason why you should not give the contents of the entire bottle to the man you mention, if you are sure he has tape-worm. By the way, when you get such a big worm, do you lay it out and measure the pieces, so as to be sure there is only one worm? I charge \$50 to \$100 for removing a tape-worm.—ED.



QUERY 2507:—"Impotence." I got good results from Euarol in a case of chronic cystitis.

Man impotent from chronic prostatitis, mental and physical condition deplorable; aged 24, married two years, no venereal, masturbated when young, painful micturition, very tender in prostate, with burning and scalding for some days after sounding, urine cloudy or milky, emissions premature and erections imperfect; for six months no desire or erection except when bladder is full; dyspepsia, headache, torpid liver, apprehensive, memory poor, insomnia.

J. T., Texas.

There is no question but that Euarol is what he needs, and I would feel quite confident of its accomplishing a cure. Let

him be very moderate indeed as to intercourse until he has had time to recover. In fact, it would be wise for him not to make any attempt for six weeks, during which he should use Euarol once every day.

The dyspepsia should also be attended to. Regulate the bowels with Anticonstipation granules, and give hydrochloric acid with his meals. Probably scutellarin would be a valuable addition, giving him one granule before each meal and three on going to bed.—ED.



QUERY 2508:—"Bladder Paralysis." Man, 70, prostate enlarged, complete retention of urine, no cystitis, hard to catheterize, catheter drops into pouch and bleeds, in spite of care. I could not pass a soft catheter until I remembered Dr. Abbott's advice, when catheterizing old men to put the urethra strongly on the stretch. I did so, when a metallic catheter, boiled, and oiled with Euarol, slid in with little resistance, no blood, no pain, no failure, no chagrin, no shock.

J. S., Ohio.

Give one cantharidin granule and one of berberine, with three of phytolaccin, every two hours while awake. Inject a few drops of Euarol into the prostatic urethra each time before you catheterize. This will have the double purpose of stimulating absorption of the abnormal tissue, and keeping the mucous membrane in good condition; and also it will lubricate the point where a lubricant is most needed, far more effectually than by applying it to the catheter, from which it is rubbed off before it gets to the prostatic region.—ED.



QUERY 2509:—"Gleet." In a case of prostatic gleet I have used Euarol according to directions without apparent

The Abbott Alkaloidal Co.'s preparations are O. K. They do for me just what they agree to do.
Mt. Idaho, Idaho.

benefit. Before using it long there was a whitish deposit in the bottle that would not mix with heat or shaking.

W. H., Louisiana.

I have had hundreds of favorable reports from the use of Euarol and two or three like your own. As the treatment is comparatively new I am quite anxious to know of the failures, that we may find the reason. In some cases the microbes may have penetrated beyond the reach of any local remedy, and here it is wise to saturate the system with calcium sulphide as well, taking from ten to thirty grains a day for that purpose. Sometimes constipation, overeating, the use of stimulants, or on the other hand a state of vitality too low to promote a cure, constitutes the difficulty.

I have never known a white deposit in Euarol, and would like much if you would send us the bottle containing it for examination.—ED.



QUERY 2510:—"Sterility." Where can I obtain the modification of Gerard's apparatus mentioned in query 2325?

M. M., Ohio.

You can obtain Garrigues' modification of Gerard's apparatus from Sharp and Smith, or Truax, Greene & Co., of this city. I think the price is about \$3.50—ED.



QUERY 2511:—"Curly Hair. I have a patient who desires straight hair. What will take out the curl?"

H. O., Michigan.

I know nothing that will take the curl out of human hair, but will publish the query and ask for information from the field. Many years ago I used a preparation known as "cocoa cream," a milky fluid, that took the curl out; also the life,

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and this seemed to start the hair to falling out, which has continued ever since.—ED.



QUERY 2512:—"Ethics." How can I use professional cards to advantage?

J. S., N. Dakota.

Let the boys reply. Publish a first-class article in the CLINIC on the use of some of the alkaloids, have a thousand reprints made, and present one to every one you know or meet.—ED.



QUERY 2513:—"Nostrums." What is the swamp root in Kilmer's remedy? What are the ingredients in Dodd's Kidney Pills, and Stuart's Pills for Dyspepsia?

Why don't you compound coca into granules containing the properties of Mariani Wine?

J. D., Wisconsin.

We do not know what Kilmer's Swamp-Root contains. There are so many plants which go under the same name that it is impossible to trace them. Neither this nor Dodd's Kidney pills, nor Stuart's pills for Dyspepsia, are to be found in Oleson's book on "Secret Nostrums," a book which you ought to possess.

I know of no case in which Mariani's wine should be used. We have cocaine in granules, and where the effects of coca are needed they fill every possible indication; but unless you want to make cocaine habitues and drunkards, I would advise you to let coca wines alone.—ED.



QUERY 2514:—"Uterine Ulcer." Do you know of any suppositories which could be used by a patient for ulcer and enlargement of the cervix uteri? The patient expects to report once a week.

G. B., Iowa.

Has anyone tested the merits of Caulophylin, a granule every ten minutes in rigidity of the os uteri? Please report.

The A. A. Co.'s antiseptic suppositories will do excellently for the use you mention. The patient can use them herself without the least trouble.—ED.



QUERY 2515:—"Strychnine Habit." Man, 62, has been taking strychn. nit. gr. 1-100 three times a day for four years. In April, 1900, had a light stroke of apoplexy, with partial anesthesia over the entire body, more pronounced on the left side. After one month had another attack, face flushed, especially forehead, severe pain in occiput, left arm entirely numb, but never any decided paralysis. During these spells he has nervous chills, part of the body shakes as in ague chill, leaving him very weak. This lasts from ten minutes to two hours, after which for several days he is unable to walk on account of nervousness and weakness. Appetite is very indifferent after attack. Left foot and leg sometimes oedematous. He has not been able to walk more than twenty or thirty yards since April, 1900, on account of nervousness.

In June, 1900, after an attack he was unable to speak except in a whisper, and has remained in that condition to the present. Complains frequently of pain in occiput. Vertigo is almost continual, especially when lying down. His wife has on several occasions thought him dying while lying down, he sleeps very little unless he takes a nerve sedative, appetite poor, breath offensive, constipated, kidneys not very active, tongue protrudes in the median line when asked to show it but cannot protrude it much beyond the lips. Has had no attack for 3 months, but does not make any material improvement. Some days he feels very well, others weak, nervous and dizzy, with flushed face and hot head.

Urinary Analysis:—Sp. gr. 1025 to 1030, no albumin, no sugar, highly colored. Knee- jerk almost absent.

Have had consultants, with no decided diagnosis.

Treatment:—Strychnine, quinine, hypophosphites and different tonics, laxatives, diuretics, and P. & D.'s compound

cerebral sedative at bedtime. When we reduce either the strychnine or quinine the patient gets very nervous, and has attacks as above described. I would like very much to stop the strychnine, as I attribute his trouble largely to its use.

What would you advise?

W. C. H., Illinois.

Probably the difficulty is due to his formation of the strychnine habit, when he intended nothing of the sort. It is always a mistake to take medicine when none is needed. I doubt if you can lay aside the strychnine now, but gradually replace it with brucine and avenin, giving him also nuclein to encourage cure, and possibly sparteine if his heart requires it. You may gradually get rid of the strychnine in this way. Keep the bowels strictly loose and aseptic. He is certainly suffering from autotoxemia at present. Probably the Saline Laxative, with an evening dose of podophyllin, would be the best here. If he is able to do with less or no strychnine after a few weeks, add arsenic iodide, a powerful eliminant, to get rid of the debris in the brain lesion. Pain in the occiput should be treated with gelsemin. He had better sleep sitting up or with the head raised. When the bowels are properly regulated and aseptic he will not need a hypnotic. If he does, my suggestion would be a granule of veratrine, not more, possibly 1-2 granule would do better.—ED.



QUERY 2516:—"Epilepsy." Girl, 18, epileptic since puberty, attacks two days after flow ceases, with mild ones between periods, menses regular; is growing worse.

H. J., Illinois.

The occurrence of epilepsy coincident with puberty, indicates the necessity of a thorough investigation of the genital or-

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Murray, Kentucky.

gans in search of causes of reflexes. Whatever you find out of order, no matter how slight it may be, should be remedied. Especially note whether the clitoris is bound down, and if so, see that it is released. Also investigate the rectum for contracted sphincter, etc. Lessen the nervous irritability by confining the patient to a non-nitrogenous diet, securing full elimination, bringing the total solids of the urine up to at least 900 grains each 24 hours, and give cicutine hydrobromate in full doses to soothe the exhausted nerves.—ED.



QUERY 2517:—"Taste Absent." Elderly man, taste perverted since influenza, coffee tastes like castor oil.

H. M., Illinois.

These perversions of taste frequently occur in connection with constipation and autotoxemia. Consequently, I would recommend first a course of Waugh's Anticonstipation granules and the Intestinal Antiseptics; next, zinc phosphide gr. 1-6 four times a day, to alter the nutrition of the nerve centers, and sanguinarine from six to twelve granules a day, to stimulate the nerves of taste.—ED.



QUERY 2518:—"Epilepsy." Girl, 2, epilepsy since two months old, growing more severe but further apart; one to fifty attacks a day; has been three months without attack; no prodromes, eyes open and staring, hands and feet twitch, limbs stiffen, cries after attack.

E. S., Nebraska.

In this remarkable case my first suggestion would be a careful examination of the reflexes, especially the rectum and the genital apparatus, feeling sure you will find herein the cause of the trouble, adhesions binding down the clitoris, or a tight anal sphincter. You can reduce

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the nervous irritability by the use of cicutine hydrobromate, in doses suited to the child's age and weight, but pushed to full effect. Also strengthen the nervous system by giving iron hydroferrocyanate, a granule three times a day.—ED.



QUERY 2519:—"Cancer." My married daughter has a lump in the left breast, giving pain of late, glands not involved. If you recommend nuclein send me a supply, with a suitable syringe. Would electricity be better?

J. C., Illionis.

Now, Doctor, they talk about us being commercial, and if we were so in the sense in which that word is intended to apply, I would advise you to use nuclein, which we sell; but, frankly, my good friend, the best advice I can give you is to have that breast with the tumor removed by the knife just as quickly as you can get it out, then apply your caustic afterwards. Do not wait. Do not fool with anything else, but get that out just as quick as you can make the arrangements for it.—ED.



QUERY 2520:—"Diarrhea." Baby three weeks old, diarrhea, losing strength, bottle fed, weighed four pounds when born.

S. R., Maryland.

Give baby the Intestinal Antiseptic in powder, also Waugh's Infant's Anodyne, with which I am quite sure you will control the bowels. Also by all means rub the baby from head to foot every day with warm cod-liver oil. Or if the parents object too strongly to the odor, add eucalyptol enough to destroy the odor, or else substitute goose-grease. The food-problem you seem to have solved.—ED.



QUERY 2521:—"Nephritis." Man, 31, albuminuria for ten years, now quite abundant, no dropsy, quite active, gen-

Doctor, you cannot possibly afford to go that new fall suit your wife wants you to get.

eral health good; spots floating before left eye, occasional slight pain in kidneys, no tube casts; attributed to lifting, but had acute cystitis about time albuminuria began. On milk diet with glonoin and strychnine arsenate for one week, without benefit. Slight increase in arterial tension.

M. B., Colorado.

One week is entirely too short a time to judge of the effect of treatment in such a case as this. It has been a catarrhal albuminuria, but the increase of tension looks as if there were some contraction. Keep up the milk diet and relieve the tension with glonoin or veratrine, or both, but do not give any more strychnine. If you have Waugh's Treatment of the Sick, please look over the articles in it on the subject; for unless the milk diet is given strictly in accordance with Mitchell's directions it is useless. This case has been an extension from the bladder. If the cystitis was gonorrhreal give full doses of calcium sulphide.—ED.



QUERY 2522:—"Impotence." Man, has atrophy of testicles, sexual frigidity, deep urethra tender; otherwise healthy in mind and body.

D. W., Florida.

Apply to the glans tincture of echinacea containing glonoin one granule to each two drops; of this five drops to be applied three times a day. Internally let him take five grains daily of Armour's orchitic extract. The only developing measures I can suggest are gentle inunctions of warm oil in addition to the above; also strict moderation until the strength has been decidedly restored. While I have not used it yet, I have had remarkably favorable reports from the use of senecin, seven granules a day, one at a time.—ED.

shabby. Send to Jas. F. Stiles & Co. for

QUERY 2523:—"Dysmenorrhea." Wife, 23, pain before and during flow only relieved by morphine; recently married. Operation suggested.

C. B., Pennsylvania.

Very likely child-bearing would cure this case, but in the meantime you can very greatly relieve it by using Buckley's Uterine Tonic. Do not let her be operated upon.

Aletris Cordial sometimes works like a charm in these cases. If you use either it or Buckley's Tonic, begin two days before the expected pains, in moderate doses, gradually increasing if the pain makes its appearance. Keep the bowels clear at the same time, and let the patient avoid catching cold. A flannel bandage over the abdomen, worn next to the skin, is an excellent preventive.—ED.



QUERY 2524:—"Neuritis." General neuritis, iodides and salicylates have failed; will now try iodoform, mercury and arsenic iodides.

What is the best treatment for recent acne rosacea?

A. L., Wisconsin.

After a month's treatment by the remedies you have just ordered, put the patient upon zinc phosphide gr. 1-67, avenin and nuclein two minimis, taken together every two hours except when asleep, for some weeks longer. After your excellent eliminative treatment he will probably need the nerve reconstructives.

For rosacea I would strongly urge arsenic sulphide and berberine, the one to combat the tendency to suppuration and congestion, the other to contract the tissues; keeping the bowels clear and clean. I have found this an ideal treatment.—ED.



QUERY 2525:—"Gonorrhea." Man, 30, gleet for four years, passes threads in

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Murray, Kentucky.

urine. A month ago urine suddenly filled with pus, slight pain in back; urine variable but cloudy every morning.

G. M., California.



The report indicates disturbance of the digestion rather than local trouble. Give this man dilute nitric acid, 15 drops in water before each meal. The local trouble should be treated by arbutin, a granule every hour except when asleep. There has evidently been an abscess which opened into the urinary ways. After a few weeks of arbutin it might be advisable to substitute calcium sulphide in full doses, if the pus still continues, with nuclein to encourage healing. As a local stimulant I would also suggest the sorghum compound prepared by Sharp & Dohme, of Baltimore.—ED.



QUERY 2526:—"Gastralgia." Man, 29, slight epigastric pain, with weakness, appetite irregular, distress one hour after eating, obstipation, all organs healthy, quite thin.

B., Louisiana.

This is intestinal indigestion, for which give the man copper arsenite gr. 1-1000, silver oxide gr. 1-12, juglandin one granule, together every hour except when asleep. To keep his bowels regular I know nothing better than Carabana water, if you can obtain it. If not, get the Rubinat-Condal. Of either give a wineglassful ice cold, first thing on rising.—ED.



QUERY 2527:—"Text-book." What is the best text-book for nurses?

W. A., Massachusetts.

We have on hand "Bacteriology and Surgical Technique for Nurses," and also "Materia Medica for Nurses," both by Stoney. These are good text-books and are the only ones that have come to our

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attention in recent years. They are published by W. B. Saunders, Philadelphia.
—ED.



QUERY 2528:—"Rectal Fissure." Man, has rectal ulcer and fissure, sore eye, burning and itching, syphilitic.

J. R., Missouri.

Apply to the fissure and to the eyelid an ointment made by mixing five grains of finely powdered red oxide of mercury with 1-2 ounce of pure unsalted lard or lanolin. Do not put it in the eye, but apply a very little to the lid where irritated. It may smart when being applied, but it will cure the fissure if anything will. Possibly you may have to give chloroform and dilate the sphincter to accomplish a cure. Give mercury protiodide a grain daily for a year.—ED.



QUERY 2529:—"Uterine Tumor." Woman, 80. repeated attacks of uterine hemorrhage since December; cervix hypertrophied, rigid and unyielding, no tenderness. I send scrapings for examination.

R. M., Ohio.

We have not found anything in the growth to denote malignancy, but I rather think that is what's the matter. There may be a uterine fibroid which has not disclosed itself. In addition to your excellent treatment I would suggest berberine, gr. 1-6 four times a day, continued for six months or a year, to cause gradual contraction of the uterus and choke off the hemorrhage, likewise the tumor, if one exists.—ED.



QUERY 2530:—"Phthisis." Mother, 48, seven years ago the left lung was badly affected. A month ago I found her with malarial fever, bilious vomiting, weight reduced from 128 to 91; resonance over the apex good, no rales, breathing hurried

ried, some cough, daily fever, higher in evening, confined to bed for months at a time, menses present; jaundiced when I first saw her, with cold hands and feet and full head. I send sputa for examination.

A. M., Washington.

The case is one of mixed pulmonary infection, the sputa containing tubercle bacilli, streptococci and pneumococci. The treatment we would advise is that described in Dr. Waugh's new book, to which we refer you.—ED.



QUERY 2531:—"Poisons." I saw an ad in your journal some time ago giving the symptoms and treatment of poisons. Where can I procure it?

J. A., Florida.

I do not recollect any advertisement in the CLINIC containing the symptoms of poisons and their treatment. In Gould's Medical Dictionary you will find a valuable list of poisons, the symptoms and the treatment, and I would advise you to get it.—ED.



QUERY 2532:—"Hemoptysis." Girl, 22, uterine colic, several pulmonary hemorrhages, lower lobe of right lung congested, hacking cough with scanty sputa, very tender over affected lung; at times melancholy or hysterical.

L. R., California.

I do not see how you can possibly get out of making a thorough examination in this case. Suppose you put her under an anesthetic to save her modesty, then examine the condition of the rectum, the uterus and ovaries, and especially the clitoris. You ought also to have the laboratory examine her sputa, to see if there is a local lung trouble there also. This is absolutely necessary, because the hemorrhage may be vicarious menstrua-

A 3-Act Drama.

Scene 1. Pain! Scene 2. Enter, Chlor-Anodyne. Scene 3. Instant Relief.

tion, or it may indicate disease of the lungs.—ED.



QUERY 2533:—"Gout." I take colchicine for my gout but my old stomach cannot stand much for a long time; feels like a lump or tumor in the throat, and solids cause nausea; but with extreme care this has ceased and now intestinal indigestion gives most trouble. I have obtained prompt relief from Welsh's Aegotodium, and by excluding beef and using very little other meat the attacks are much fewer and lighter. But the remedy mentioned now affects my stomach.

W. W., South Dakota.

Still, Doctor, I say, take colchicine, but not enough to affect your stomach, even in the slightest degree. Probably $\frac{1}{2}$ granule a day in divided doses would be all you need. One more suggestion, and that is that you take a good dose of chlorine water before your meals.—ED.



QUERY 2534:—"Cataract." One eye is almost useless from cataract and another is rapidly forming in the other eye. Will anything delay the progress of one while the other is ripening? Can you tell me anything of the merits of "Actina?"

E. C., Connecticut.

In some forms of cataract, a restoration of vision has occurred from the use of electricity with massage. My impression is that this holds true especially with the softer forms of cataract, but I am not prepared to say that it will not arrest the progress of other forms. I am quite sure that great benefit has resulted also from the practice of opening the eyes in a basin of cold water, so as to lave the eyeball, not the lid, with cold water, repeated a number of times daily. "Actina" is simply a little tin thing containing a bit of cotton or wool, with a small

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Murray, Kentucky.

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drop of oil of mustard on it, worth about 5c retail. If you think the stimulation would do any good, make one yourself.

—ED.



QUERY 2535:—"Worms?" A farmer, 47, health perfect until seven years ago, when he suddenly developed gnawing in the stomach, followed by extreme weakness and often vertigo, occasional headaches and almost insatiable hunger; weight reduced from 168 to 134 pounds; complains of being very tired all the time, feels that he wants to lie down for a week. His food seems to digest, he never bloats, tongue slight coated, bowels regular; heart, liver and kidneys normal; no swelling of feet, ankles or under eyes; slight soreness at apex of left lung, which has existed for seven or eight years but does not grow worse; however, he has "spit blood" at intervals; he has worked hard, habits always good, no history of venereal disease; these weak hungry spells are relieved by eating. He never vomits, but sometimes feels as though something were crawling up his throat and trying to get out of his mouth. He is a large coffee-drinker but never indulges in alcohol.

Now this would seem to make up a pretty fair history of tape-worm, but he has never seen any segments of the parasite in the stools; however, he admits he has not been very careful to watch this. His case has almost invariably been pronounced indigestion, but I see nothing in the case to support this diagnosis, and have inclined towards the tape-worm theory, or uric acid poisoning.

He became convinced that he had a tape-worm five years ago, and took treatment for it, but was not successful in getting the worm, if it existed there.

I am using the alkaloids with growing confidence and find the CLINIC a constant help in my work.

L. E., Indiana.

There is no trouble in diagnosing a tape-worm from the joints which are dis-

The Alkaloidal Clinic

charged in the stools. This is the only certain symptom and is absolutely unmistakable. If these joints are not discharged there is no tape-worm.

There is possibly in the case you describe an enormous number of round worms, which would show themselves on administration of the tape-worm remedy.

The symptoms you describe could be accounted for by gastric catarrh of the uricemic variety, due largely to the coffee he drinks. Suppose you substitute Postum Cereal for the coffee for a week, and note the result; but at any rate give him the tape-worm remedy, and if no worms of any kind or their cases appear in the stool, you may let his mind be easy on the subject of worms.—ED.



QUERY 2536:—"Liver Complaint." The Tape-worm remedy did the work. It is the finest thing out.

Give best treatment for enlarged liver, twice usual size, jaundice bad for five months, skin itches; somewhat better now and stools not so white.

W. A., New Jersey.

Glad the tape-worm has settled. May he rest in peace. For the itching of the skin with jaundice give pilocarpine enough to cause sweating, one or two granules every five minutes. To reduce the size of the liver give berberine gr. 1-6 every two to four hours, and apply over the liver itself a mixture of nitromuriatic acid and ammonium chloride, $\frac{1}{2}$ ounce each, with $2\frac{1}{2}$ ounces of water. Apply three times a day. Keep the bowels clear and aseptic.—ED.



QUERY 2537:—"Breast Hypertrophy." Having used your granules since you first made them, taken the CLINIC since its first issue, and exchanged many letters with you, I feel pretty well acquainted; hence this query.



A flushed face, bright eye and full temples, to effect; a granule every half hour.

My wife reads the CLINIC and has equal confidence. She is strong and healthy, never pregnant, always regular. Two years ago trouble began in the right ovary, soon passing off. A week before her next period the right breast began to swell, but subsided when the flow began. This was repeated for many months but it does not subside, growing so large that it threatens to become a deformity. It is now seventeen inches around. She had a tingling sensation in it, increasing in severity; some places are more swollen than others. This is limited to the one breast. Sexual desire has disappeared as the growth enlarged. She is 45 but still regular. The nipple is almost buried in the skin. Skin bluish, face slightly yellowish.

J. T., Michigan,

An enlargement of the breast which shows activity at the menses, is almost certainly an adenoma, hence not to be dreaded as one would a cancer.

I would advise the local application of phytolacca, getting the fresh root if possible, and making of it an extract of tarry consistence. Apply this spread on canton flannel. Internally give cantharidin three granules a day, gradually increasing until some signs of irritation of the bladder are manifested. This treatment should be kept up for months if indications of improvement occur.—ED.



QUERY 2538:—"Phthisis." Why are consumptives optimistic, and why averse to fats?

J. C., Kansas.

The optimistic condition of consumptives is probably due to fever. They dislike fats because they can't digest them easily, and hence suffer with indigestion.—ED.



QUERY 2539:—"Phosphaturia." I send specimen of urine. Please suggest

with mental excitement, call for Gelseminine

Condensed Queries Answered

911

treatment. Daily discharge 45 ounces.
L. M., Indiana.

The most notable feature of the specimen sent is the large amount of phosphates present. For this I would suggest Urotropin, 30 grains a day. This is the only indication I can deduce from the examination of the urine, as the symptoms are not given in your letter.—ED.



QUERY 2540:—"Phosphaturia." Doctor, 38, always healthy except lumbar pain for years at times, for six months prevents sleeping in morning, ceasing on rising, rheumatism of shoulders and large joints, worse on going to bed, lumbar pain now constant, stomach tender, urine twenty-one ounces in twenty-four hours, s. g. 1026; a week later twenty-four ounces, s. g. 1030. I send sample.

A. F., North Dakota.

I don't believe your kidneys are damaged, but they will be if this condition is not remedied. Examination shows an excess of phosphates, with oxalates. Your remedy is Urotropin, thirty grains a day, and increase the quantity of water you drink quite largely. Probably the gastric difficulty will subside when you do this; but you had better take for it a granule of juglandin every two hours while awake, and twenty drops dilute hydrochloric acid before meals.—ED.



QUERY 2541:—"Dosage." What is the dosage of quinine arsenate for children 9 to 15?

W. W., Illinois.

For adults I give quinine arsenate one to two grains a day; children in proportion. This is only exceptional. As a rule, for adults the granule gr. 1-67 every one to three hours while awake answers. For children of the age you mention this dose may also be given.—ED.

The CLINIC talks much like one who has Reverie, Tennessee.

QUERY 2542:—"Climacteric." Woman, 47, hot flashes, palpitation, vertigo; fleshy, recently married. Gave her B. U. T. and cicutine. Please improve.

H. C., Iowa.

I do not see how you can improve your prescription, unless you think it advisable to add a few colchicine granules.—ED.



QUERY 2543:—"Waugh Book." When is Dr. Waugh's book on Practice to be ready, also Abbott's Therapeutics? I want to subscribe.

L. M., California.

The book on the lungs is the first part of Dr. Waugh's Practice. The other parts will follow, as well as the work on therapeutics, as time and strength permits. Just now the CLINIC editors have every grey cell in their craniums actively occupied.—ED.



QUERY 2544:—"Headache." Man, 60, good habits, headache for years, at 6 a. m., lasting three to twelve hours; unilateral, supraorbital or occipital. Eyes, heart, lungs and kidneys normal; constipated, vegetables or fruits cause distress, drinks coffee which sometimes relieves, coal-tars relieve at first but wear out.

U. R., Rhode Island.

An autotoxemic headache, probably uricemic. Would suggest colchicine enough to keep the bowels a little loose, the limitation of nitrogenous foods. Especially recommend the use of fruit juices as much as the man can bear. The hygiene of his sleeping room should be seen to, and look also for indications of beginning of arterio-sclerosis, which sometimes manifests itself in such localized headaches.

Are you sure there is no reflex from the teeth or from the ear on the affected side?—ED.

a knowledge of what he is talking about.

J. W. ETHERIDGE, M. D.

The Alkaloidal Clinic

QUERY 2545:—"Mistake." What would be the probable effect of using bichloride gauze 1-2000, in packing for draining abdomen after operation for appendicitis, where four good sized strips were left in?

V. D., Illinois.

I will leave the answer of this to our surgical friends, who possibly may have had experience. If those who have will reply, we will withhold their names if desired.—ED.



QUERY 2546:—"Enterocolitis." I failed with the intestinal antiseptics in a child thirteen months old with enterocolitis. Gave two and a half grains every two hours. Caused nausea; child died.

N. A. C., Louisiana.

You should have given $\frac{1}{2}$ grain of the Intestinal Antiseptic every half-hour to that child; or if it caused nausea, substituted calcium sulphocarbolate in powder, with bismuth and lactopeptin, flushing the colon with hot water containing a grain of silver nitrate to eight ounces. It only takes practice, Doctor, and you will get there.—ED.



QUERY 2547:—"No Supplies to Laity." I am well acquainted with Rev. —, D. D., a very prominent man here. He has read the CLINIC and has been treated by an Alkaloidist. He wrote you for some supplies, and you refused to sell them to him. I suppose you have your rules, but think when you consider the gentleman's standing it would be to your interest to send him the supplies he requested.

S. D. B., Michigan.

The supplies we declined to send in accordance with our rule not to sell or deal in our goods, excepting with the medical profession. We don't recognize or favor in any way the use of our goods,

Happy combinations, by great physicians, often hit the mark. Send to E. B. Treat & Co., for Palmer's "Favorite Prescriptions."

excepting by the profession. Now, Doctor, if you want granules to give to this man, we will send them to you. Whenever possible, we refer patients applying in this way to us, to the nearest doctor who uses the alkaloids.—ED.



QUERY 2548:—"Neuritis: Traumatic." Lady, 33, injured in railway accident; severe pain in ovary, side and thigh, worse after exercise, when worst has swelling over ovary, not worse during periods; numbness in leg and loss of control, causing falls, slowly worsens, numbness extending, vertical headache, becoming nervous, with insomnia.

J. R. M., Missouri.

I am afraid a neuritis has been set up by this injury and that it is extending. Put her in bed for a week. Cover the affected side with Antiphlogistine, renewing every day. Keep her bowels regular with Saline Laxative a sufficiency. Give a W-A Intestinal Antiseptic tablet seven times a day. Reduce the tendency to plastic inflammation by giving a granule of arsenic iodide five times a day. Give also a granule of arnicin five times a day, as this is said to be useful for internal injuries and to hasten recovery. Make a thorough examination and note whether the ovary is displaced or tender, and anything else you can find by examining the pelvic viscera as thoroughly as possible.—ED.



QUERY 2549:—"Dysentery." Woman, 50, dysentery three years, twenty stools a day, mucous, slimy and bloody, with tenesmus, navel pain, and irritable bladder, lost thirty-five pounds, appetite good.

The tape-worm remedy acted like a charm.

E. M., Ohio.

While the Intestinal Antiseptic is useful in chronic dysentery, I would urge

you to add to it emetin and silver oxide, giving one granule each of the three every two hours while awake; confining the patient strictly to food digested in the mouth and stomach, and washing out the colon and rectum every day with hot water containing zinc sulphocarbolate five grains to the ounce.—ED.



QUERY 2550:—"Padlocking a Woman." In Russian boarding schools for young girls there is in use some kind of belt or apparatus applied around the body and supplied with a lock for the purpose of preventing masturbation. The same instrument is also occasionally used in Russia by husbands on their wives. Kindly advise me where I shall apply for a similar instrument, or if you know anything of its existence and use in this country?

J. K., Illinois.

I know of no such apparatus in use in America, and have an idea that any man who would so much as suggest putting such an apparatus on an American woman would suffer immediate and severe bodily injury in consequence.—ED.



QUERY 2551:—"Dropsy." Can you furnish the alkaloid of apocynum Cannabinum? Girl, 7, general anasarca, two years' standing.

W. C., Texas.

Apocynin a pure concentration from apocynum Cannabinum, is the nearest we can come to an alkaloid as yet. I know nothing better for the case you mention, provided you restrict the amount of liquid she takes into her system as closely as possible. Give the child some form of iron also in full doses.—ED.



QUERY 2552:—"Bradycardia." My patient has pulse of 38, slight trace of sugar in urine.

W. D., Iowa.

I want to say "Success to the CLINIC." Among the half score professional journals which come to my office it has few if any equals and no superiors.
Kemptville, Ontario.

The examination does not show any disease of the kidneys present, but rather disorder of the digestive apparatus. Hence, it looks as if the slow pulse was due to depression of the cardiac centers by autotoxemia, and that the remedy lies in regulating his bowels with Waugh's Anticonstipation granules and keeping them aseptic.—ED.



QUERY 2553:—"Albuminuria." Wife, 35, last month of second pregnancy; urine almost totally suppressed and highly albuminous; constant nausea and vomiting, fever, feet swollen, alternating constipation and diarrhea, bloody uterine discharge for two weeks, pain in back, shoulders and abdomen.

J. C. F., Michigan.

There is a large amount of albumin in the urine, with casts; and you can look out for "squalls" when the time comes for her to be confined; said "squalls" probably taking the form of convulsions. Put her on buttermilk at once, two quarts a day, and keep her bowels soluble with the Saline Laxative. I am afraid of Hunyadi, for fear it might cause premature birth. When called to attend her take your lancet and your nerve with you, and also a bottle of chloroform and your forceps; and get that baby into the world as quickly as you know how. If total suppression or anything like it occurs again, inject 1-8 to 1-6 gr. pilocarpine hypodermically. Keep her bowels open two or three times a day with the Saline Laxative.—ED.



QUERY 2554:—"Goiter." What is the relation of the thyroid gland to pregnancy? What might be considered physiologic hypertrophy of that organ during this period? What influence has defective development of this gland during pregnancy upon eclampsia? Would you consider Iodothyroine a prophylactic

DR. G. E. HANNA.

The Alkaloidal Clinic

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The Alkaloidal Clinic

of puerperal convulsions, to replace deficient internal secretion of the thyroid?

E. R. H., Ontario.

There is a tendency to enlargement of the thyroid gland with any and every excitation of the genital organs. I do not know the relation with eclampsia. I will publish your letter and ask for information from those better qualified.

—ED.



QUERIES 2555 and 2556:—"Vertigo." Woman, 66, has vertigo whenever she attempts to walk; constipated but no better when bowels are regular, arteries not hard, digestion good, tongue clean.

"Rheumatism." Man, 54, laid up two years with muscular rheumatism of chest and back; a carpenter, always robust; suffered many things from doctors, blisters, cauterizing, vapor baths, etc. Ordered vegetable diet, thus tox, macrotin and colchicine.

A. B., Ontario.

In your first case relieve the constipation, and give her arsenic iodide a granule four times a day, continued for at least a month. There is something wrong with the circulation of her brain and I think this will relieve it. If her pulse is too strong add aconitine enough to bring it down. If she has any deafness give her pilocarpine enough to cause slight sweating once a day.

The man's rheumatism is myalgia of the muscles of the chest caused by his work. Go over his chest with the faradic battery, negative pole, and see if they are sensitive. If so, reverse the current, applying the positive too weak to cause pain, and you will do him lots of good. Your internal treatment is excellent.

—ED.



QUERIES 2557 to 2559:—"Umbilical Hemorrhage." Child, 2, has bled from navel since birth.

In all Fevers 40 per cent. of the symptoms are due to autotoxemia and are removable by emptying the bowel and rendering it aseptic. This reduces the attack of the category of mild or abortive cases.

"Bladder: Weak." Man, 68, rises often to urinate, which requires much straining, never any venereal disease, urine, milky.

"Diarrhea." Baby, seven months, diarrhea since birth, painfully thin, stools fetid and green, fever; improved on W-A Intestinal Antiseptic, colonic flushing and malted milk. A week ago it was seized with cholera infantum, although taking no cow's milk; now has ten actions a day.

T. M., Kentucky.

Bleeding from the navel is generally a sign of syphilis. If so, give the child mercury internally. If not, give calcium chloride one grain three to seven times a day, beginning with three times and increasing a grain a day until the hemorrhage stops.

For the old man give cantharidin four granules a day, one at a time, and four of strychnine arsenate gr. 1-30. What he needs is something to stimulate the detrusor muscle of the bladder.

For the baby, give calcium sulphocarbonate gr. 1-6, crushed to a powder, with two grains of bismuth subnitrate and two of lactopeptine, repeating every hour. Rub the child from head to foot every day with hot cod-liver oil. Give it also a teaspoonful of Neutralizing Cordial three times a day, until the stools are perfectly natural. If it has not improved in one week add silver oxide, gr. 1-67 every two hours while awake. You will save the child and soon see it recovering. Give it the raw white of egg mixed with cold water as a food, and also freshly pressed grape juice.—ED.



QUERIES 2560 and 2561:—"Chloasma." Lady, unmarried, aged 30. A year ago some brownish patches appeared on forehead; she is constipated, has severe headache, with excess of urates in urine. With anticonstipation granules the bow-

are removable by This reduces the attack of the category of

els moved daily, and continue to do so since the granules have been discontinued. Lithia tablets have also been used with result of only one severe headache in five weeks.

What will cause the discolored spots to disappear? What is the best treatment to keep away these headaches?

"Cholera Infantum and Summer Diarrheas." The resume on this subject in the August CLINIC is very useful, and I am indebted to this line of treatment for a marked success in these cases. Last summer, with an unusually large number of such cases, there were no fatalities. But there is a difficulty which these articles do not fully meet. Explicit and detailed directions are given for the management of the acute condition, but the time of difficulty comes when the acute stage is past, and there is a return to more normal conditions. For weeks there is apt to be a troublesome time of indigestion and occasional diarrhea and one is sorely puzzled as to diet and medicine. An outline of management of this stage as explicit as for the acute condition would be very useful and much appreciated.

R. S. T., Canada.

This lady should go on the diet proper for uricemia, excluding nitrogenous foods as much as possible, including coffee. An occasional granule of colchicine will do much good. Apply once a day to the spots a solution of one grain of corrosive sublimate in $\frac{1}{2}$ -ounce of rose water.

In the chronic condition left after some diarrheas in infants it is advisable, I believe, to keep the child on the neutralizing cordial whenever there is a sign of gastro-intestinal difficulty, toning up the alimentary canal by small and frequent doses of brucine and using one of the compound digestives such as Peptenzyne with each feeding. If there is odor in the stools notwithstanding the above treatment add calcium sulphocarbolate in dose enough. As to the diet, the raw

I cannot get along without the CLINIC. I think it improves steadily which is saying a great deal as it has been good since its first number.
Kansas City, Missouri.

white of egg, fruit juices and the cereals, with raw beef if the child seems to need it, should be used in preference to milk.
—ED.



QUERIES 2562 to 2566:—"Pemphigus." Girl, anemic, dysmenorrhea, three years ago finger tips began to break out, has resisted treatment; improved on cod-liver oil with oleate of tin applied locally. Would Euarol be of value?

Can all the alkaloids and glucosides be combined, or are any incompatible?

Woman, 40, gastric catarrh and mouth ulcer. Ordered chlorinated soda but the druggist told the patient it was only table salt.

Uterine colic followed the injection of Euarol in endometritis. What is the cause? Some pelvic inflammation has resulted.

I have pain over the spleen, not severe, slight tenderness, no malaria or other cachexia, no injury or tumor.

I am demonstrating every day to my satisfaction the efficiency of most of the alkaloids.

W. S., New York.

In your first case, add to your excellent treatment zinc phosphide, gr. 1-6 before meals and at bedtime. Keep the bowels clear and aseptic, and see that nutrition is well kept up. Rubbing with any animal or vegetable oil would favor nutrition, but I would advise against euphorin.

There is scarcely any combination of alkaloids or glucosides which would be physiologically incompatible. The only exception I would make is to such combinations as squill which increases sensibility of the bronchi, increasing cough, and paregoric which decreases it.

There is an enormous therapeutic difference between sodium chloride and chlorinated soda, and the druggist should have known this.

Let the dentist examine the woman's

W. CHARLES CARROLL, M. D.

The Alkaloidal Clinic

teeth. An elegant mouth-wash is Glyco-Thymoline, a teaspoonful in a cup of water. Let her use this with her tooth-brush after each meal and on rising in the morning, rinsing her mouth out each time.

The uterine colic was due to the mixture passing through the fallopian tube to the pelvis. In such cases use it on a cotton-wrapped probe. Treat the present condition with hot enemas and vaginal douches, iodine to the skin and calcium sulphide ten grains a day, keeping the bowels soluble with Saline Laxative. Hyoscyamine will relieve pain.

Keep the bowels clear and aseptic. Take a Buckley's Uterine Tonic every two hours until relief. I believe it is not in the spleen but in the bowels. Probably a retained scybalum.—ED.



QUERY 2567:—"Epilepsy." What can you tell me of "*Verbena Hastata*" in epilepsy?

D. O., New York.

Verbena is still under trial, and as yet nothing definite has come to us as to the action of the drug, although we have had a number of reports of success. I should be very glad indeed if you would note the physiologic effects of the drug and give us the result of your experience with it.—ED.



QUERY 2568:—"Diagnosis." Do you publish a work upon diagnosis?

J. E. B., Maine.

We have as yet no work of our own on diagnosis, but if health and gray matter hold out we will present one to you one of these days. In the meantime you will find the cyclopedic works of Da Costa, Vierordt and Musser cover the ground amply, although at great length.

I take the CLINIC and could not practise medicine without it. It is up-to-date in every respect.

Moores Bridge, Alabama.

There is a little work called an "Index of Symptoms," by Leftwich, published by Wm. Wood & Co., of New York City. I have not yet had time to examine it, but it looks as if it would be a good thing. It is a sort of a key or index to symptoms, and not at all expensive.—ED.



QUERY 2569:—"Rheumatism." Man, 38, acute rheumatism for two months, knees and phalanges of both hands, much swelling and pain on movement or pressure, has resisted treatment from a number of physicians. He was a steady drinker for years but abstains at present.

P. P., West Virginia.

Use colchicine enough to keep the bowels a little loose, Intestinal Antiseptic Tablets, seven daily, and a grain of calcium sulphide also seven times daily. Should this not give relief in a week's time add seven granules of arsenic sulphide daily; and I think you will find the case come all right. The diet should be non-nitrogenous as far as possible.—ED.



QUERY 2570:—"Mental Disturbance." A mother, 47, hysterical, much swollen, complains of cerebral pressure, fears she will kill her son, has insomnia, profuse menses every three weeks; fears to go to sleep on account of the homicidal impulse.

D. C. W., Pennsylvania.

Find out first whether this woman is excreting enough solids in her urine. I do not believe she is. All I can suggest in the meanwhile is cicutine hydrobromate, from three to ten granules a day, which will give her great relief. She had better also take hydrastinine gr. 1-12, four granules a day to condense her tissues a little and check the menstrual flow.—ED.

DR. R. E. S. SMOTHERS,

QUERY 2571:—"Rosacea." A girl with rosacea; has resisted all treatment, though benefited somewhat by alnuin internally and benzoin locally.

A. B., Illinois.

Sometimes these cases of acne depend upon difficulties with the genital apparatus of either sex; occasionally upon bad habits, and this should be seen to. Otherwise I would suggest hydrastinine and strychnine arsenate, pushed to the full effect to secure thorough contraction of the dilated vessels, and apply to the face a lather of Stiefel's Menthol soap, letting it dry and remain on all night. Then thoroughly wash off with cold water in the morning. As soon as pus forms it should be evacuated with an acne lance. The bowels must be kept clear and clean, the diet carefully regulated to the needs. If habitual neglect of the bowels is present as above adverted to, no benefit will result from any treatment.—ED.



each dose. When attacks come on give him one granule each of hyoscyamine amorphous, glonoin and strychnine arsenate gr. 1-134, repeated every ten minutes until relieved, using a hot water bag or hot fomentations over the back at the same time. Keep the bowels clear and aseptic, and possibly you may be able to get through without operating to remove the stone.—ED.

H. A., North Carolina.

Treat the catarrh with Euarol. See that he does not eat too much meat, as this morbid sensitiveness may be due to uricemia. The ear trouble would probably be relieved by pilocarpine.—ED.



QUERY 2572:—"Renal Calculi." Man, 47, seized suddenly with lumbar pain, lasting two weeks; recurs every two to four weeks, leaving him very weak with continuous muscular soreness. In May I found him with acute pain in the left kidney, shoulders and hip very tender, paroxysmal pain in lumbar regions, spreading generally; temp. 100, pulse 120, and intermittent, violent hic-cough for ten days. He improved on salicylates, quinine, strychnine and anodynes. In a month had a sudden seizure when attempting to rise from his chair, with similar symptoms for a week. Similar attacks continue.

T. D., Missouri.

This man has a calculus in his kidney and the attacks are renal colic. Give him lithium benzoate and arbutin, three granules each every two hours while awake, and a glass of pure water with

QUERY 2574:—"Gastritis." Man, 65, sufferer forty years from neuralgia of the stomach complicated with catarrh and indigestion; suffers most during cold weather, seldom during summer; can eat most anything. Symptoms of attack: Fullness or bloating of stomach, accumulation of gas; soda generally affords relief—or he gets it by vomiting—throwing up a watery substance, no undigested food. He has obtained only temporary relief, and that chiefly from opiates—always has to fall back on soda, or emptying the stomach, or both. The pain is always under the ensiform cartilage, never radiating. Pains come on two hours after eating, besides

I have no idea of being without the CLINIC which I read with more satisfaction than any journal that comes to my desk.

Adriance, Virginia.

H. L. BLANTON, M. D.

The Alkaloidal Clinic

several times during the night; constipated. During all these years he has been otherwise healthy.

A., Nebraska.

This man should guard most carefully against over-eating. Give him the treatment for gastric catarrh, which I think underlies the trouble; that is, juglandin gr. 1-6, silver oxide gr. 1-12, copper arsenite gr. 1-1000, three granules each with a glass of hot water an hour before each meal. Let him take also twenty drops of dilute hydrochloric acid with each meal; avoid all cold drinks, masticate all his food thoroughly, and in fact regulate his eating on the strictest physiologic standard. You might try whether a teaspoonful of chlorine water would not relieve more effectively than soda. But the most effective palliative for the attacks is the compound manganese tablet, one every five minutes until relief. They are best taken dissolved in hot water.—ED.



QUERY 2575:—"Appendicitis." Bachelor, 28, teacher, suffered for four years with severe pain two inches above the navel, to the left of the median line. For two years the attacks are excruciating, coming at irregular intervals, sometimes three times a month, uneasiness at that spot always, attacks come and go quite suddenly, leaving him nervous, lasting one to six hours, appetite and digestion are good, small eater, very careful in diet, bowels regular, kidneys sound, has been the rounds without benefit, no venereal history.

L. J., Tennessee.

Is there any trace of bile in the urine or skin after the attacks? He is young for gall-stones, but they are possible. This man may have appendicitis. Flush his colon thoroughly twice a week, and make an examination with the index finger in the rectum. Treat paroxysms

Success to the CLINIC and "the CLINIC family." I obtain more information from its columns than all the other journals that reach my desk.
Fordsville, Kentucky.

with glonoin, hyoscyamine and strychnine arsenate, as in all colics.—ED.



QUERY 2576:—"Impotence." Farmer, 45, temperate, perfect health in every way except for rheumatism. Six years ago his testicles began to shrink, with difficulty in obtaining erection; progressively worse, no erection now except just before urinating in the morning. The testes are but a trifle below the normal size. The parts are cold in winter. He urinates often in the day if about home, not if elsewhere. If excited sexually there is a little urethral discharge. He is very despondent and nervous about it; has treated with twenty doctors without benefit. Has indulged sexually to excess in former years.

C. F., Maine.

Pass a bougie and see if there is tenderness. If so, use Protargol and Euarol as described in "Sexual Hygiene." He had better have Armour's Orchitic Extract, five grains a day. Caution him against over-indulgence. You might also try the rubber ring as described in the sex book. In fact, when you have read that book you will need very little advice from anybody.—ED.



QUERIES 2577 and 2578:—"Gravel." What can you do for gravel? The case has resisted the treatment of many doctors.

"Uricemia." Wife, constant ache in head and stomach, can eat nothing with milk, butter or eggs in it, nor beans, peas or cheese. Forty gallons of Buffalo Lithia water cured her brother of a similar trouble. She gets down once every three months.

Can I get the Clinton Nebulizer in Chicago?

S. M., Ohio.

In regard to gravel, it depends on the variety. Arbutin and lithium benzoate,

DR. J. E. BARNHILL.

a granule each every two hours while awake, do very well in many cases; but of course the acid or alkaline character makes a difference in the treatment. The use of abundance of water is always advisable. In your wife's case I would advise colchicine a granule three times a day, and also one granule each of juglandin, euonymin and lobelin every three hours while awake, each dose to be taken with a glass of pure water. The diet should be carefully regulated, and I am exceedingly partial to the use of fruit juices in very large quantities in this condition. The Clinton Nebulizer is made in New York City by the Bristol-Meyers Co. I do not know that it is kept in Chicago.—ED.



QUERY 2579:—"Albuminuria." A patient with albuminuria is not improving under strict diet, and treatment recommended. To whom shall I send her to have it determined from which kidney the trouble comes, and to operate if found necessary?

N. S., Minnesota.

One man in whom I would have confidence in such work as this, is Dr. Bayard Holmes; who some years ago wrote an article on this very subject, which appeared in the CLINIC and is republished in *American Alkalometry*. It will be necessary to use the apparatus necessary for catheterizing the ureter.—ED.



QUERY 2580:—"Abnormal Taste." A boy, 12, has never yet swallowed solid food but drinks sweet milk. His taste is so very acute that when they change cows he will almost starve for several days, until he gets used to it. He says solid food chokes him. He had summer diarrhea when a babe. He is very sallow and weak.

T. W., Texas.

The premium case reached me all right to-day and I am well pleased with it, and still more pleased with the CLINIC. I am just beginning with the alkaloids but am doing nicely. Big Creek, Ky.

I judge it to be simply an idiosyncrasy left after his early sickness. Attempt to reduce the sense of taste by lessening that of smell, in this way: Spray his nostrils for a few minutes with fluid petrolatum, not medicated. This will cover over the termini of the olfactory nerves, and there will be a corresponding diminution in the sense of taste. You might also rinse the mouth out with some local anesthetic, for instance a granule of aconitine in a teaspoonful or two of water, or a few grains of acetanilid in solution. Also rub his body with some hot oil, cod-liver oil or goose-grease preferable. If you can reduce the sense of taste you can gradually thicken the milk until you get him accustomed to taking a little thicker food, and gradually get him accustomed to solid food in this way.—ED.



QUERY 2581:—"Bots." I send for examination some worms that were passed in the stool of a patient. He had never been ill. While walking about his barn he was suddenly seized with severe abdominal cramps, compelling him to stand still to endure the pain, then falling unconscious. On returning to his senses he had severe headache and bowels moved at once, four worms like those enclosed passing. When brought to me next day they were still crawling vigorously.

Do you manufacture vaccine virus? I am injecting Wood's virus hypodermically with good results.

J. T., Illinois.

The worms as you will see by the laboratory report, are the larvae of *gasterophilus equinus*, otherwise bot-fly. Last year the CLINIC had a very interesting article by Prof. French on this subject. If you haven't the CLINIC for 1900 we will look up the copy and send it if you desire. We do not manufac-

JOHN F. McCARTY, M. D.

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ture vaccine virus, but can procure it for you in tubes or points. I believe the tubes are the best. The Chicago Board of Health has investigated every make of virus in the market, and settled on one as the best, and that is the one we use.—ED.



QUERY 2582:—"Material." Kindly inform me where I can obtain the wood-plastic material that Dr. Tracy mentions in his article on Fracture Treatment in the August CLINIC.

S. W. S., Pennsylvania.

I do not know where you can obtain the material you mention. Better write to Dr. Tracy himself.—ED.



QUERY 2583:—"What is the result of the saline treatment as compared with the opium treatment in acute peritonitis?

L. F. S., Tennessee.

The opium treatment for peritonitis has now become obsolete, being entirely replaced by surgical intervention and the saline treatment.—ED.



QUERY 2584:—"Bumps." Am going to try calcium sulphide on a young lady for bumps on her face. If you can, please suggest something better.

W. T. M., Virginia.

If the young lady needs lime, give calcium sulphide. If not, by all means use arsenic sulphide five granules a day.—ED.



QUERY 2585:—"Gastric Catarrh." My daughter has stomach catarrh, tongue coated brown, bad taste at times, can eat nothing sour, constipated, no pain, never sick otherwise, sometimes complains of dizziness, menstruates regularly. She has been taking the W-A Intestinal Antiseptics two after each meal with some improvement.

C. L. H., Nebraska.

In addition to the Anticonstipation tablets I would advise silver oxide gr.

I want to renew my subscription for the best and most practical journal I ever read.
San Marcial, New Mexico.

2-12, and copper arsenite gr. 2-1000, with one of the Intestinal Antiseptic tablets, to be given every two hours while awake, with enough Saline Laxative in the morning to move the bowels.—ED.



QUERY 2586:—"Dispensatory." Which dispensatory, National or United States, do you think the most useful to the general practitioner?

J. C., Pennsylvania.

If you get but one dispensatory, get the National, as likely to contain a great deal of information not found in the other.—ED.



QUERY 2587:—"Renal Calculi." One month ago I was seized with renal colic lasting from noon till nine a. m. next day. A hypodermic of morphine and atropine gave relief. Pain very severe. I was very chilly. Three weeks later had another attack without the chill, pain very severe, lasted six hours, hypodermic gave little relief, am sure stone did not pass through the bladder. Four days later had a third attack.

W. B., West Virginia.

Take arbutin and acid benzoic if the calculus is alkaline. If acid, substitute lithium benzoate for the acid. Take one granule each every two hours while awake, with one-half to one glass of pure water. When the paroxysms occur take one granule each of hyoscyamine amorphous, glonoin and strychnine arsenate gr. 1-134, every fifteen minutes until effect. This treatment has been very successful with me indeed. If after six months of the treatment you are not relieved and are convinced that the calculus still remains, you had better have an operation performed to remove it. I am not a believer in climate, but do believe in the use of abundance of water.—ED.

CLINIC. I would not be without it. It is the

M. R. McCRARY, M. D.